

<b>Case Number:</b>	CM14-0151707		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 03/22/2010. The mechanism of injury occurred due to repetitive motions. Her diagnoses included chronic neck and upper extremity pain due to repetitive trauma disorder, status post right carpal tunnel release, left carpal tunnel syndrome, chronic thoracic and lumbar pain, and probable de Quervain's on the right wrist. The injured worker's past treatments included physical therapy, medications, a home exercise program, and psychological counseling. Her diagnostic exams included an X-ray of the cervical and thoracic spine, an MRI of the lumbar spine, an X-ray of the wrist, and electromyography studies. Her surgical history included a carpal tunnel release performed in approximately 2011. On 08/07/2014, the injured worker complained of neck and bilateral upper extremity pain. She continued to do well with Biofreeze and Lidoderm patches. She reported that the medications allowed her to continue to live on an independent basis and carry out activities of daily living. She is not interested in taking narcotic medications and is exercising more regularly in the form of walking. The physical exam revealed ongoing tenderness of the cervical bilateral paraspinal muscles throughout the right shoulder joints and the thoracic paraspinal muscles. The injured worker's medications included Biofreeze and Lidoderm patches #30 with 3 refills. The treatment plan consisted of the use of Biofreeze 2 roll on and 1 tube, Lidoderm patch #30 with 3 refills and the authorization of a trial for massage therapy. A request was received for Lidoderm patches for the cervical spine, right shoulder, and bilateral wrist pain #30 with 3 refills. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lidoderm patches for the cervical spine, right shoulder and bilateral wrists pain #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** The request for Lidoderm patches for the cervical spine, right shoulder, and bilateral wrist pain #30 with 3 refills is not medically necessary. The California MTUS Guidelines recommend Lidoderm patches for the indication of neuropathic pain. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA. Based on the clinical notes, the injured worker did not have any complaints related to neuropathic pain. She complained of ongoing neck and bilateral upper extremity pain, with increased pain in the shoulders. She reported pain especially in the posterior shoulder and neck when she walked. The physical exam revealed ongoing tenderness of the cervical bilateral paraspinal muscles throughout the right shoulder joint and the thoracic paraspinal muscles. The electromyography performed on an unknown date revealed normal findings. The use of Lidoderm patches is contingent on documentation of neuropathic pain and etiology that warrants the use of the medication. Therefore, due to a lack of documentation indicating that the injured worker had neuropathic pain or signs and symptoms relating to such, the request is not supported. Thus, the request for Lidoderm patches for the cervical spine, right shoulder, and bilateral wrist pain #30 with 3 refills is not medically necessary.