

Case Number:	CM13-0047072		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2008
Decision Date:	03/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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:

This is a patient with a date of injury of 1/29/08. A utilization review determination dated 10/25/13 recommends non-certification of lidocaine patches. It references a 9/23/13 progress report identifying pain, numbness, tingling, and cramping to the surgical site for the left wrist along with burning sensation to the left elbow as well as a symptomatic right wrist. Medications included Vicodin ES, naproxen, Trazodone, omeprazole, Neurontin, Pristiq, Laxacin, and Lidoderm. The medications were noted to provide 40% improvement and ability to do ADLs such as light housework. On exam, there was hyperpathia over the left wrist, decreased grip strength, limited ROM, and tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches, #30/30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for lidocaine patches, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-

line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of such documentation, the currently requested lidocaine patches are not medically necessary.