

Case Number:	CM14-0000541		
Date Assigned:	01/17/2014	Date of Injury:	10/07/2010
Decision Date:	06/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/02/2014

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 Texas and Oklahoma. 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 62 year old male who reported an injury on 10/7/10. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/12/13 reported that the injured worker complained of continued discomfort in the wrist and shoulders. The physical exam noted tenderness in the bilateral shoulders anteriorly and laterally, and on the volar wrist bilaterally with grip strength a 5-/5. The injured worker had diagnoses of tendonitis of the wrists, rotator cuff tendinitis, and cervical strain. The provider requested a refill of 30 Lidoderm patches, with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 LIDODERM PATCHES WITH TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of continued discomfort in the wrist and shoulders. The California MTUS guidelines recommended Lidoderm patches as an option. Topical analgesics are largely experimental in use with few randomized controlled trials to

determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm patches are also used off-label for diabetic neuropathy. There is a lack of objective findings indicating that the injured worker has diabetic neuropathy. The efficacy of the medication was unclear; there was a lack of evidence of objective functional gains and decreased pain. As such, the request is not medically necessary.