MAXIMUS Federal Services

Case Number:	CM14-0006306		
Date Assigned:	03/03/2014	Date of Injury:	09/11/2012
Decision Date:	06/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 & 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 51-year-old female with a reported date of injury on 09/11/2012. The mechanism of injury was not provided with the documentation available for review. The injured worker complained of pain and tingling in her thumb and hand. The injured worker rates her pain at a level of 5/10. According to the documentation provided for review, the injured worker had an MRI, of unknown date, which revealed capsulitis in the right wrist as well as possible ganglion cyst arising from the lower capsule of the 5th metacarpophalangeal joint. The injured worker's diagnoses included right thumb tendonitis and chronic regional pain syndrome upper extremity. The injured worker's medication regimen included ibuprofen, Prilosec, Lyrica, and lidocaine patches. The Request of Authorization for Lidoderm patch 5%, #30 with 12 refills was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% #30 12 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

Decision rationale: According to the California MTUS Guidelines, topical lidocaine in the formulation of a dermal patch called Lidoderm has been designated for the use of neuropathic pain. In addition, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy to include antidepressants, gabapentin or Lyrica. According to the documentation provided for review, the injured worker does not have a diagnosis of neuropathy. In addition, the injured worker is utilizing Lyrica with reported good result. Based on the above, the rationale for the use of Lidoderm patches is unclear. Therefore, the request for Lidoderm patch 5%, #30 with 12 refills is not medically necessary.