

Case Number:	CM14-0107813		
Date Assigned:	08/01/2014	Date of Injury:	11/01/2002
Decision Date:	11/18/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

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, has a subspecialty in Interventional Spine 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 patient is a 61 year old female with an injury date on 11/01/02. Based on the 06/04/14 handwritten progress report provided by [REDACTED], the patient complains of left wrist pain. Positive left carpal tunnel compression test. There were no other significant findings noted on this report. Her diagnoses include the following: 1. Myofascial pain syndrome, 2. Repetitive strain injury, bilateral upper extremity, 3. Strain of cervical spine, 4. CTS bilaterally, 5. Lateral Epicondylitis bilateral. [REDACTED] is requesting for 1 Lidoderm patch 5% #90 with 2 refills. The utilization review denied the request on 06/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 01/21/14 to 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #90 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm patchestopical creamschronic pain sectionTopical Analgesics Page(s): 56 5.

Decision rationale: This patient presents with left carpal tunnel pain. The treater is requesting for Lidoderm 5%, #90 with 2 refills. Review of handwritten reports shows patient has not used Lidoderm patch before. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Medical records show the patient has upper extremity neuropathic pain but this is not a localized condition. The patient does present with CTS, but the treater does not discuss how Lidoderm patch will be used. Given the lack of indication for this topical product, recommendation is for denial.