

Case Number:	CM14-0011940		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2012
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 29 year-old female with date of injury 11/01/2012. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/11/2013, lists subjective complaints as stiffness and pain in the right shoulder and pain which is throbbing and tingling down the right forearm. The patient notes the symptoms worsen with increased work duties. An examination of the cervical spine and right shoulder revealed spasm and guarding of the paraspinals and trapezius muscles. Range of motion was not decreased. An examination of the right wrist and forearm revealed numbness and tingling in whole right palm to right lateral forearm. Finklestein's and Tinel's were positive. The diagnoses are medial epicondylitis of elbow, neck strain and sprain, tenosynovitis of hand and wrist and sprain/strain in unspecified site of shoulder and upper arm. The medical records provided for review show no evidence that the patient has been prescribed the following medication before the request for authorization on 12/11/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH: 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): 112.

Decision rationale: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical history and physical exam is not consistent with neuropathic pain. Therefore the request for a Lidoderm patch is not medically necessary.