

Case Number:	CM14-0013400		
Date Assigned:	02/26/2014	Date of Injury:	10/01/2012
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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, Preventive 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:

Patient is a 28 year-old female with date of injury 10/01/2012. 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 with right shoulder pain. She notes there is throbbing, numbness and tingling down the right forearm, hand and wrist. Symptoms worsen with increase of work duties. Objective findings: Examination of the right shoulder and trapezius muscle revealed reduced range of motion, tenderness to palpation, spasm, and muscle guarding. Examination of the right wrist revealed numbness, tingling, reduced range of motion and positive Finklestein and Tinel's tests. Diagnosis: 1. Cervical/trapezial strain/sprain 2. Mild right carpal tunnel syndrome 3. Elbow medial epicondylitis and cubital tunnel syndrome. The medical records provided for review document that the patient has been prescribed the following medications for at least as far back as 09/17/2013. Electrodiagnostic report dated December 10, 2012 showed evidence of mild right median nerve mononeuropathy at the wrist-mild right carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT PATCH-DATE OF SERVICE 9/17/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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. There is no documentation from the history or physical examination that the patient has neuropathic pain. Electrodiagnostic studies show mild right carpal tunnel syndrome. Lidocaine 5 percent patch-date of service 9/17/13 is not medically necessary.

LIDOCAINE 5 PERCENT PATCH-DATE OF SERVICE 11/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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. There is no documentation from the history or physical examination that the patient has neuropathic pain. Electrodiagnostic studies show mild right carpal tunnel syndrome. Lidoderm 5 percent patch-date of service 11/8/13 is not medically necessary.