

Case Number:	CM14-0015285		
Date Assigned:	04/09/2014	Date of Injury:	10/09/2002
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/06/2014

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 Internal 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 43 year old female who was injured on 10/09/2002. The mechanism of injury is unknown. Prior treatment history has included Ultram which helps, tramadol HCL 50 mg, Celexa 40 mg, Xanax, Desipramine HCL and allergy medication. PR2 dated 01/13/2014 indicates the patient presents status post cervical spine epidural steroid injection. She reports her headaches have resolved but the injections have not helped her neck pain. On exam, the left elbow has marked tenderness at the extensor tendon. The patient is diagnosed with left cubital tunnel syndrome, left radial tunnel syndrome, left carpal tunnel syndrome and cervical radiculopathy. The treatment and plan includes rest, home exercise program and Lidoderm 5% patches. Prior UR dated 01/15/2014 states the request for Lidoderm 5% patches #30 is non-certified for lack of adequate trial of first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

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

Decision rationale: The CA MTUS may recommend Lidoderm patch for localized pain after a trial of first line therapy, such as a tricyclic, SNRI, or AED. The clinical documents provided are mostly handwritten and at times illegible. The documents state the patient has been on a tricyclic in the past but the duration or effects of the medication were not discussed. It is not clear that the patient has failed a first line therapy from the documents provided. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.