

Case Number:	CM14-0123235		
Date Assigned:	08/08/2014	Date of Injury:	11/10/2005
Decision Date:	10/07/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on November 10, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 7, 2014, indicated that there were ongoing complaints of cervical spine pain and left hand pain and wrist pain as well as numbness in the left hand and dropping objects. The physical examination demonstrated pain with range of motion of the left wrist. There was tenderness over the volar aspect and a positive Tinel's test. There was also decreased cervical spine range of motion and tenderness over the cervical paravertebral muscles. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the use of a TENS unit and oral medications. A request had been made for a Lidoderm 5% patch and was non-certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, the injured employee has not tried and failed these first-line medications. As such, this request for Lidocaine 5% patches is not medically necessary.