

Case Number:	CM14-0126126		
Date Assigned:	09/05/2014	Date of Injury:	06/23/2009
Decision Date:	11/04/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 28-year-old female with a 6/23/09 date of injury. The mechanism of injury occurred while she was pushing a heavy basket and felt pain in her right wrist. According to a progress report dated 7/28/14, the patient stated that she continued to have aggravation of pain going from the right shoulder, right elbow, and right wrist somewhere around 7-8. She stated that she continued to feel numbness, tingling, and discoloration of the hand in the palm area. Objective findings: stiffness and tightness on right cervical paravertebrals and medial border of the right scapular area, normal cervical range of motion, no evidence of radiating pain to the upper extremities on cervical motion, tenderness to palpation of right wrist, restricted range of motion of right elbow, altered sensation in the right forearm, evidence of carpal tunnel syndrome in right wrist. Diagnostic impression: complex regional pain syndrome, right shoulder sprain, myofascial pain, left wrist sprain, right de Quervain tenosynovitis, radial styloid tenosynovitis, right first dorsal compartment release. Treatment to date: medication management, activity modification. A UR decision dated 7/30/14 denied the request for Lenzapatch. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. In this case, claimant complains of right and left wrist and shoulder pain. Based on the evidence, the medical necessity for Lenzapatch has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenzapatch 4-1%Quantity: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/1>.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, in the present case, there is no documentation of the designated area for treatment as well as number of planned patches and duration for use (number of hours per day). In addition, there is no discussion in the reports reviewed regarding the patient failing treatment with a first-line agent such as gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lenzapatch 4-1% Quantity: 30 was not medically necessary.