

Case Number:	CM14-0126236		
Date Assigned:	08/13/2014	Date of Injury:	06/13/2003
Decision Date:	10/28/2014	UR Denial Date:	07/08/2014
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 Family 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 injured worker is a 67 year old female injured on 06/13/01. None of the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include long term use of medications, left thumb CMC joint osteoarthritis, post arthroplasty and ligament reconstruction, and osteoarthritis of the hand. Clinical note dated 06/26/14 indicated the injured worker presented complaining of pain along the base of the thumb without radiation worsened with grabbing and repetitive activities. The injured worker rated pain varying from 0-7/10 on VAS. The injured worker reported use of Lidoderm patches at night which allowed improved pain and function. The injured worker recalled side effects from oral medications. Physical examination revealed no assistive device used, no swelling/erythema/skin changes noted along left thumb and thenar eminence, well healed surgical scar visualized and range of motion grossly intact. Documentation indicated the injured worker's pain remained stable with the use of Lidoderm patches. The initial request was noncertified on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, #30 (15-day supply), with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112.

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

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, the injured worker reported use of Lidoderm patches at night which allowed improved pain and function. Additionally, the injured worker able to control pain with the use of Lidoderm without additional opioid medications. Therefore Lidocaine pad 5 percent, quantity thirty (15 day supply), with five refills is recommended as medically necessary.