

Case Number:	CM14-0128762		
Date Assigned:	08/15/2014	Date of Injury:	10/03/1994
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 woman who sustained a work related injury on October 31, 1994. Subsequently, she developed chronic bilateral hands and wrists pain with numbness, tingling, and weakness. According to the progress report dated July 10, 2014, the patient is having more pain on the left wrist. The progress report dated July 18, 2014 reports the patient has had nerve studies in May 2011, which showed ulnar nerve involvement bilaterally and carpal tunnel syndrome involvement bilaterally. She had first extensor compartment injection in April 2011, otherwise she has received soft braces, rigid braces, hot and cold wrap large and small, and she has TENS unit. Her physical examination revealed Tinel's at the elbows was noted as well as carpal tunnel. Phalen's and Reverse Phalen's test are positive. The patient was diagnosed with bilateral carpal tunnel syndrome, right greater than left; cubital tunnel syndrome, left greater than right; and hypertension. The provider requested authorization to use Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, QTY. 30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.