

Case Number:	CM14-0137204		
Date Assigned:	09/05/2014	Date of Injury:	09/27/2000
Decision Date:	10/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 35-year-old female was reportedly injured on September 27, 2000. The most recent progress note, dated July 23, 2014, indicates that there are ongoing complaints of right hand pain and headaches. The physical examination demonstrated decreased cervical spine range of motion with tenderness and trigger points of the levator scapulae, trapezius, and rhomboid muscles. There was decreased right elbow and right wrist range of motion. There was a positive Tinel's test at the medial epicondyle of the elbow. Diagnostic imaging studies of the right wrist revealed tendinosis of the extensor tendons as well as synovitis. Previous treatment includes left arm surgery, a left-sided DeQuervains release, a left-sided carpal tunnel release, a left shoulder subacromial decompression and distal clavicle excision, he right-sided carpal tunnel release a request had been made for a follow-up lidocaine liquid 4% and was not certified in the pre-authorization process on August 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Bottle of Lidocaine Liquid 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56, 57, 112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines non-dermal patch formulations of lidocaine are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic for localized neuropathic pain disorders other than post-herpetic neuralgia. Considering this, the request for a bottle lidocaine liquid 4% is not medically necessary.