

Case Number:	CM14-0137921		
Date Assigned:	09/05/2014	Date of Injury:	04/03/2012
Decision Date:	09/25/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 47-year-old male, who sustained an injury on April 3, 2012. The mechanism of injury occurred while turning rolls necessary to squeeze pipe, caught his glove and pulled his hand in. Diagnostics have included: November 15, 2012 EMG/NCS reported as showing bilateral carpal tunnel syndrome. Treatments have included: medications, bilateral carpal tunnel releases. The current diagnoses are: shoulder sprain, carpal tunnel syndrome, cervical sprain, bilateral wrist sprain, s/p bilateral carpal tunnel release, bilateral elbow epicondylitis, bilateral shoulder pain, and chronic cervical-thoracic-lumbar sprain, decreased sensation to the upper and lower extremities. The stated purpose of the request for Lidoderm Patches #90 with 3 refills was to provide relief of upper extremity pain. The request for Lidoderm Patches #90 with 3 refills was denied on August 6, 2014, citing a lack of documentation of: a diagnosis of peripheral neuropathy, the specific site of intended usage, failed trials of antidepressants and anticonvulsants. Per the report dated July 2, 2014, the treating physician noted complaints of pain to the neck and both shoulders, as well as upper and lower back and both elbows, with slight numbness to the hands. Exam findings included positive bilateral Tinel signs at the carpal tunnels; elbows were negative for ulnar nerve entrapment, bilateral medial and lateral epicondylar tenderness, bilateral rotator cuff tenderness, cervical tenderness, thoraco-lumbar tenderness with spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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 or Lyrica)". The injured worker has pain to the neck and both shoulders, as well as upper and lower back and both elbows, with slight numbness to the hands. The treating physician has documented positive bilateral Tinel signs at the carpal tunnels; elbows were negative for ulnar nerve entrapment, bilateral medial and lateral epicondylar tenderness, bilateral rotator cuff tenderness, cervical tenderness, thoraco-lumbar tenderness with spasm. The request for Lidoderm Patches #90 with 3 refills was denied on August 6, 2014, citing a lack of documentation of: a diagnosis of peripheral neuropathy, the specific site of intended usage, failed trials of antidepressants and anticonvulsants. However, the treating physician has documented symptoms and exam findings indicative of peripheral nerve pain and has trailed Amitriptyline for several months without relief of peripheral extremity paresthesia pain. A trial of Lidoderm patches is medical indicated and supported by referenced guidelines. The criteria noted above having been met, Lidoderm Patches #90 with 3 refills is medically necessary.