MAXIMUS Federal Services

Case Number:	CM14-0151825		
Date Assigned:	09/19/2014	Date of Injury:	07/25/2012
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 41-year-old female with a reported injury on 07/25/2012. The mechanism of injury was a slip and fall. The injured worker's diagnoses included neck pain that is sharp and stabbing with radiation to the right upper extremity causing numbness and tingling, right shoulder pain that is dull and achy and becomes sharp with motion, right wrist and hand pain, right thumb pain with numbness, right sided ribcage pain, and lumbar spine and right hip pain. The injured worker's past treatments included medications, PT, cervical epidural steroid injection, chiropractic care, a psychiatric evaluation, work hardening, TENS unit, and trigger point injections. The injured worker's diagnostic testing included an MRI of the right shoulder on 09/12/2012, MRI of the left wrist and cervical spine on 09/11/2012, and an undated upper extremity EMG. No pertinent surgical history was provided. The injured worker was evaluated on 07/18/2014 for a GI check and pain check. The injured worker complained of headaches and reported she was taking her medications as directed and had no new complaints. The clinician observed and reported that the injured worker was alert and oriented in no active distress. The plan was to continue current medications and refer to pain management. Current medications were not listed. However, the Request for Authorization form did indicate Motrin 800 mg twice a day, Norco 10/325 mg every 8 hours, and Lidoderm patches. The Request for Authorization form was submitted on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidoderm patches 5% #90 is not medically necessary. The injured worker continued to complain of headache. The California MTUS Chronic Pain Guidelines state that topical lidocaine in the form of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. There was no documentation of a diagnosis of neuropathic pain. Additionally, the request did not include a site for application or frequency of application. Therefore, the request for Lidoderm patches 5% #90 is not medically necessary.