

Case Number:	CM14-0167110		
Date Assigned:	10/14/2014	Date of Injury:	11/29/2011
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, elbow, and neck pain reportedly associated with an industrial injury of November 29, 2001. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; and adjuvant medications. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for lidocaine patches while approving a request for nortriptyline. Stated diagnoses included cervical spinal stenosis, carpal tunnel syndrome, and radial styloid tenosynovitis, the claims administrator reported. The applicant's attorney subsequently appealed. In a progress note dated June 19, 2014, the applicant presented reporting issues with neck pain, low back pain, wrist pain, psychological issues, chronic pain syndrome, and radial styloid tenosynovitis. 6-9/10 multifocal pain complaints were noted. The applicant was status post cervical epidural steroid injection therapy. The applicant was not currently working, it was acknowledged. The applicant was using Lidoderm patches, it was acknowledged at this point in time. The applicant's medication list also included Phenergan, meclizine, Norco, and Flexeril, it was acknowledged. Multiple medications were refilled. The applicant was asked to consult an orthopedist. On December 25, 2014, the applicant was asked to consult a neurosurgeon and obtain acupuncture. The applicant was permanent and stationary, it was acknowledged. The applicant did not appear to be working with permanent limitations in place. The applicant's medication list included baclofen, Compazine, Norco, Lidoderm, meclizine, Phenergan, and tramadol, it was acknowledged. On July 16, 2014, the applicant was given prescriptions for tramadol and baclofen. Depression, anxiety, and persistent neck pain were noted. The applicant's medication list included tramadol, Phenergan, meclizine, Lidoderm, Norco, Compazine, and baclofen. It was stated that the applicant was offered Lyrica, an anticonvulsant adjuvant medication, but declined the same

owing to concerns about possible weight gain. The applicant was described as using a neck collar and wrist brace on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section. 9792.20f. Page(s): 7.

Decision rationale: While page 112 of the Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation, however, is qualified by commentary made on page 7 of the Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant has been using Lidoderm for some time. Lidoderm has failed to generate any lasting benefit or functional improvement to date. The applicant remains off of work. The applicant remains dependent on opioid agents such as Norco and tramadol. Ongoing use of Lidoderm patches has failed to curtail the applicant's dependence on wrist brace and neck collar. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request is not medically necessary.