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| Case Number: | CM14-0020152 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/12/2006 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/19/2014 |

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 & Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of August 12, 2006. A utilization review determination dated February 4, 2014 recommends denial of Lidoderm patch. A progress report dated January 24, 2014 identifies subjective complaints of pain in the lumbar spine, left-hand, and elbow. The patient is a candidate for left carpal tunnel release. Her pain is not controlled with her present pharmacological regimen. Physical examination reveals decreased grip strength and discomfort with flexion and extension of the elbow. The patient also has spasm and tenderness in the paravertebral lumbar muscles. Diagnoses include sprains and strains of the rest. The treatment plan recommends a left wrist support, 12 sessions of chiropractic treatment, start Neurontin, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patches #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm, if it is currently being used. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.