

Case Number:	CM14-0021014		
Date Assigned:	02/21/2014	Date of Injury:	08/05/2010
Decision Date:	06/24/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, 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 55 year old female who sustained injuries to her neck and right upper extremity as a result of cumulative trauma on 05/08/10. The injured worker was referred for electrodiagnostic studies on 09/08/10 which were reported as normal with no evidence of right median, ulnar, or radial neuropathies. She was provided work restrictions and treated with anti-inflammatories, analgesics, and splinting. Records indicated an exacerbation of the condition and on 11/04/10 the injured was referred for repeat electrodiagnostic study consisting of an (Electromyography (EMG) and Nerve Conduction Velocity Test (NCV) of the upper of the right upper extremity which was again reported as normal. She was referred for MRI of the cervical spine which was performed on 02/16/11 which revealed minimal uncovertebral changes at C3-4 but no significant central canal or neural foraminal narrowing. The injured was ultimately diagnosed with repetitive stress injury of the right upper extremity. There are additional diagnosis of deQuervain stenosing tenosynovitis and carpal tunnel syndrome of the right upper extremity. Utilization review determination dated 12/20/13 non-certified a request for Lidoderm Patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: LIDODERM PATCHES 5% X 30: Upheld

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

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

Decision rationale: The request for Lidoderm 5% Patches is not supported as medically necessary. The submitted clinical records indicate the claimant has a chronic myofascial pain syndrome and compensable diagnosis of right carpal tunnel syndrome. The record provides no indication that the claimant has previously undergone treatment with first line therapies prior to the provision of Lidoderm patch. Additionally the record contains no data regarding the efficacy of these patches in the treatment of chronic pain for the patient. As such the request does not meet criteria per California Medical Treatment Guidelines (MTUS) and medical necessity has not been established.