

Case Number:	CM14-0064818		
Date Assigned:	07/11/2014	Date of Injury:	01/28/2010
Decision Date:	10/01/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Family 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 patient is a 65-year-old female who has submitted a claim for chronic cervical strain, right cubital and carpal tunnel syndrome, s/p right shoulder arthroscopy, rotator cuff repair and decompression, and s/p right shoulder acromioplasty revision associated with an industrial injury date of 1/28/2010. Medical records from 11/18/2010 up to 6/18/2014 were reviewed showing that her numbness and paresthesias are "almost gone." She is now nearly 11 months out after right cubital tunnel release and carpal tunnel release. Physical examination revealed full ROM. She has some slight hypoesthesia around the posterior elbow. Her wounds are non tender. Sensation is intact to light touch and pinwheel testing in the median and ulnar nerve distribution. Two-point discrimination is 5mm in both extremities. Treatment to date has included Lidoderm patches, Norco, Neurontin, Lunesta, arthroscopy, and physical therapy. Utilization review from 4/30/2014 denied the request for Lidoderm patches #60. There was no documentation of failed trials of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60: 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 patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, lidoderm patch is 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). In this case, the patient has been taking Neurontin since at least 7/13. Patient reported on PR dated 6/18/14 that her numbness and paresthesias are "almost gone." She is now nearly 11 months status post right cubital tunnel release and carpal tunnel release. Physical examination showed slight hypoesthesia around the posterior elbow. Her wounds are non tender. Sensation is intact to light touch and pinwheel testing in the median and ulnar nerve distribution. Two-point discrimination is 5mm in both extremities. There is no clear indication for adjuvant lidocaine patch at this time since improvement of signs and symptoms has been noted on the recent notes. Therefore, the request for Lidoderm patches #60 is not medically necessary.