

Case Number:	CM14-0079506		
Date Assigned:	07/18/2014	Date of Injury:	02/03/2011
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 36 year old female presenting with chronic pain following a work related injury on 2/3/2011. On 5/1/2014, the claimant reported bilateral wrist pain radiating up to the shoulder and neck. The pain is associated with weakness and tingling pain with sharp stabs in the hands and wrists as well as intermittent numbness on the back of the hands and right hand second and third digits. Upper electrodiagnostic studies on 5/1/2014 was abnormal. The claimant is status post decompression of the median nerve at the wrist, elbow ulnar nerve release and De Quervain's Tenosynovitis Surgery. The claimant's medications including Neurontin, Gabapentin, NSAIDS, Percocet, Oxycontin, Ultram, Flector patches, Voltaren patches as well as Acupuncture. The physical exam revealed tenderness to palpation of the wrist, limited range of motion due to pain, dysesthesia in the bilateral upper limbs. A claim was made for Lidocaine Topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg), count 60/30/0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lidocaine Topical 5% (700 mg), count 60/30/0 is not medically necessary. Per the CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED). Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with multiple issues related to chronic pain. Per the CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain; therefore, the requested medication is not medically necessary.