

<b>Case Number:</b>	CM14-0081261		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/19/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Medicine and is licensed to practice in Florida. 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 70-year-old female who reported injury on 08/19/2003. She worked for [REDACTED] as a "general laborer trim", spinach inspector, lettuce cutter, and vegetable sorter. This work required frequent bilateral hand firm and light grasping and fingering, forward reaching, walking, standing, intermittent neck motion, occasional low back bending, twisting, pushing/pulling, and lifting up to 10 pounds. The injured worker sustained chronic slow progressive right wrist and hand pain and numbness from repetitive right hand grasping at work. The injured worker's treatment history included x-rays, bone scans, chiropractic treatment, electrodiagnostic studies, MRI scans, and medications. The injured worker was evaluated on 05/02/2014, and it was documented that the injured worker felt quite discriminated against as she has not been able to receive any services, despite her request for them. It was any authorization for visits with Dr. [REDACTED] and Dr. [REDACTED], as previously requested. This was an obvious frustration as the injured worker was quite demonstrative about the negative determinations. Medications included fluoxetine, omeprazole, and Vesicare. Diagnoses included cervical spondylosis and sacrococcygeal arthritis. There was no physical examination done on this visit. The Request for Authorization dated 05/12/2014 was for Lidoderm patches 5%, spine consultation with orthopedic doctor, and bilateral knee consultation with orthopedic doctor; however, the rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains Lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. In addition, there was no documentation provided on frequency or location where the Lidoderm Patch would be applied. Lidoderm Patches are recommended of a trial of first-line therapy however, it is for diabetic neuropathy pain. As such, the request for Lidoderm Patch 5% # 30, is not medically necessary.

**Spine consult with an orthopedic doctor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG,) Pain (Chronic), Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents failed to indicate longevity of medication usage for the injured worker there is lack of documentation of long-term goals regarding functional improvement. Given the above, the request for consult with an orthopedic is not medically necessary.

**Bilateral knees consult with an orthopedic doctor:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office Visits.

**Decision rationale:** Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In addition, the documents failed to indicate longevity of medication usage for the injured worker. There is a lack of documentation of long-term goals regarding functional improvement. Given the above, the request for 1 Neurologist consultation is not medically necessary.