

Case Number:	CM14-0083126		
Date Assigned:	07/21/2014	Date of Injury:	06/26/2012
Decision Date:	10/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 60 year old female who sustained an industrial injury on 6/26/2012, due to cumulative trauma from computer work. The 2/24/2014 PR-2 indicates the patient is not currently working. She has completed 8 sessions of PT and feels it was helpful. She uses hot packs, electrodes and traction for pain relief. She complains of off and on neck pain, intermittent shoulder pain radiating down the left arm, weakness in the left arm, ongoing pain in the wrists, numbness in both hands, loss of grip and continued pain with triggering of the left ring finger. Physical examination documents tenderness, pain with limited ROM, tenderness in the left shoulder, positive Phalen's in the median nerves, and decreased sensation in all the bilateral fingers except middle. Injection was administered to the left ring trigger finger. Diagnoses are 1. Cervical spine sprain/strain with C5-6 and C6-7 disc disease with mild C5-6 central canal stenosis with mild bilateral neuroforaminal stenosis at C5-6 and C6-7 bilaterally per MRI 8/15/12; 2. Left shoulder sprain/strain; 3. Right shoulder sprain/strain; 4. Left wrist carpal tunnel syndrome; 5. Right wrist carpal tunnel syndrome; 6. Left ring finger trigger finger. Work status is TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #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 Lidoderm (lidocaine patch), Topical Analgesic Page(s): 56-57, 111-113.

Decision rationale: The guidelines state topical Lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In the case of this patient, the guideline criteria have not been met. The medical records do not establish this patient has post-herpetic neuralgia or diabetic neuropathy. Additionally, the medical records do not establish this patient has failed first line measures. Therefore, the medical necessity of Lidoderm 5% patches #30 has not been established.