

Case Number:	CM14-0091000		
Date Assigned:	07/25/2014	Date of Injury:	07/01/2011
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 31 year old female who had a work related injury on 07/01/2011. There is no documentation of the mechanism of injury. The most recent medical record submitted for review is dated 05/08/2014. The injured worker was seen for left upper arm, left elbow, left wrist and hand, left lower arm and neck. On the visit of 05/08/14 she presented with flaring up of her pain in her wrist and elbows over the weekend. She has tingling in her right hand and occasional tingling in the left hand. Also, it should be noted that the injured worker states she drove to San Francisco this weekend and came back. Physical examination Tinel's test is positive at the right elbow for ulnar nerve entrapment and also positive at the right wrist for ulnar nerve entrapment and negative at the left wrist. There is some paracervical tenderness at C5 to C7. There is parathoracic tenderness from T5 to T7. Diagnoses includes symptoms of carpal tunnel bilaterally, right greater than left; Ulnar nerve entrapment at the right elbow; Chronic right shoulder pain, status post right shoulder surgery on 11/21/13. Repetitive strain of the right upper extremity and right lateral epicondylitis is noted. Chronic cervical pain is also noted. Status post left medial epicondylitis currently with slight lateral epicondylitis on the left. Chronic left shoulder sprain, status post cortisone injection 11/21/13. The injured worker is status post dyspepsia secondary to non-steroidal anti-inflammatory medications (NSAIDS) is noted. History of bilateral olecranon tenderness, not present today. Depression and anxiety is noted. Prior utilization review dated 05/20/14 was non-certified. There is no documentation submitted reflecting functional benefit from medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Pain Patches (Qty. 360): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain.

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

Decision rationale: As noted on page 56 of the MTUS Chronic Pain Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore this compound cannot be recommended as medically necessary, as it does not meet established and accepted medical guidelines.