

Case Number:	CM14-0191570		
Date Assigned:	11/25/2014	Date of Injury:	06/17/2013
Decision Date:	01/12/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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:

This is a patient with a date of injury of June 17, 2013. A utilization review determination dated November 3, 2014 recommends noncertification of Lidoderm. A progress report dated October 23, 2014 identifies subjective complaints of pain rated at 9/10. The patient uses Motrin for pain as well as heat/ice. She continues to have spasm as well as numbness and tingling in the left wrist and pain in the left thumb. Objective examination findings identify reduced flexion and extension of the wrists with no swelling. Diagnoses include bilateral shoulder impingement, rotator cuff strain, AC joint inflammation, lateral epicondylitis, wrist inflammation, and carpal tunnel syndrome bilaterally. The treatment plan recommends continuing Motrin, 12 sessions of physical therapy, MRI of both shoulders, and Lidoderm patch. The note goes on to quote MTUS guidelines stating that "topical medications are useful when trials of antidepressants and anticonvulsants have failed."

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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. As such, the currently requested lidoderm is not medically necessary.