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| Case Number: | CM14-0196124 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 09/17/2013 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 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 67 year old female who was injured on 9/17/2013. The diagnoses are ulnar neuropathy and multiple joints pain in the bilateral knees, bilateral hands, bilateral elbows, left shoulder and neck. The past surgery history is positive for bilateral knees surgeries. The patient completed PT, aquatic therapy and work modification. On 8/15/2014, [REDACTED] noted subjective complaint of a pain score was rated at 6/10 on a scale of 0 to 10. The medications listed are hydrocodone, Lodine and Lidocaine pad. There were objective of positive Tinel test, knee swelling with tenderness to palpation of the joints and paraspinal lumbar areas. The motor, sensory and reflex examinations was noted as normal. A Utilization Review determination was rendered on 10/24/2014 recommending non certification for Lidocaine pad 5% #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% QTY: 14.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that topical lidocaine can be utilized as a second line option for the treatment of localized neuropathic pain when first line oral anticonvulsant and antidepressant medications have failed. The records did not show subjective and objective findings consistent with localized neuropathic pain syndrome. The patient was diagnosed with multiple joints pain. There is no documentation of failure of first line medications. The criteria for the use of Lidocaine pad 5% #14 was not met.