

Case Number:	CM14-0197016		
Date Assigned:	12/05/2014	Date of Injury:	05/10/1999
Decision Date:	01/15/2015	UR Denial Date:	11/13/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 71 year old female who was injured on 5/10/1999. She was diagnosed with right rotator cuff syndrome, trigger fingers, carpal tunnel syndrome, repetitive strain injury with myofascial pain syndrome of the neck and arms, and myalgia/myositis. She was treated with right and left hand surgeries, physical therapy, and medications, including topical lidocaine products. On 11/4/14, the worker was seen by her pain medication physician reporting her hand surgeries being helpful, but reported continual right and left hand pain with swelling of the left palm. Physical examination findings included trigger points over neck and shoulders, normal motor and sensation of upper extremities, decreased range of motion of the shoulders, and swelling and thickening of the left palm. She was recommended to see her hand surgeon, was given Duexis samples, continue Lidoderm and Terocin lotion, and return a few months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she was given Lidoderm and had been using it chronically leading up to the request for renewal for her stated "neuropathic pain". However, there was no documented current evidence of this neuropathic pain, subjective, or objective found in the notes available for review. Also, there was no documented evidence of the worker having tried first-line therapy for her neuropathic pain, if she did in fact have neuropathic pain. Therefore, regardless, there seems to be no medical necessity to continue Lidocaine in this situation, based on the information found in the documents provided.