

Case Number:	CM14-0204608		
Date Assigned:	12/16/2014	Date of Injury:	06/18/2008
Decision Date:	02/05/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal 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 patient is an injured worker with a history of right wrist and elbow injury. Regarding the mechanism of injury, a steel cable injured his right wrist and elbow. Date of injury was June 18, 2008. The independent medical evaluation report dated May 12, 2014 documented a history of sleep apnea, right wrist and elbow injury, hypertension, diabetes mellitus, migraine headaches, cognitive impairment, depression, insomnia, and right arm nerve damage. The patient is status post four wrist surgeries and three elbow surgeries. He has nerve damage in his right elbow, with numbness in the fourth and fifth fingers in his right hand. The patient had right knee surgery in 1987 and left knee surgery in 1994. Medications included Celebrex, Maxalt, Percocet, Oxycontin, and Ambien. The primary treating physician's progress report dated November 3, 2014 documented the diagnoses of cervical radiculopathy, cervical spondylosis, muscle spasm, occipital neuralgia, mood disorder, migraine, right upper extremity neuropathy, and elbow pain. The patient has continued complaints of neck pain and pain in his right upper limb. The patient has headaches that are occipital and cervicogenic in nature. Physical examination was documented. The patient demonstrated good communication ability. The patient ambulates without a device. Gait was normal. Neck flexion was 40 degrees. Neck extension was 40 degrees. Spurling's maneuver was negative. No tender nodules or specific tender areas were noted. Higher neurologic functions were grossly normal. Right hand strength demonstrated 4/5 weakness. Left hand was 5-/5. Medications included Lidoderm, Oxycontin, Topamax, Effexor, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lidoderm 5% patch #30, refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch), Topical Analgesics Page(s): 56-57; 112.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The medical records do not document failure of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors anti-depressants or an antiepilepsy drug such as Gabapentin or Lyrica). Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for 1 Lidoderm 5% patch #30, refills 3 is not medically necessary.