

Case Number:	CM14-0206420		
Date Assigned:	12/18/2014	Date of Injury:	12/17/2009
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/09/2014

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 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:

The injured worker is a 41-year-old female with an original date of injury of December 17, 2009. The mechanism of injury occurred when she tried to forcefully open elevator doors and sustained injuries to the shoulder and wrist. The industrial diagnoses include right shoulder impingement syndrome and wrist sprain. The patient has had conservative treatment with pain medications and physical therapy. The patient has undergone right wrist surgical fusion of the scaphocapitate, distal PIN excision, and lunate excision. She is also undergone right shoulder arthroscopic surgery. The disputed request is for Lidoderm patches, number 30. A utilization reviewer had denied the request for Lidoderm because there was a lack of documentation of the patient's failure to respond to a trial of antidepressants and anticonvulsants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, thirty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical lidocaine, 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 first line therapy, such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of localized peripheral nerve pain such as in post-herpetic neuralgia. The patient's injuries are musculoskeletal in nature primarily and electrodiagnostic studies performed in September 2014 failed to find any peripheral or cervical root abnormalities. Furthermore, no progress note clarifies exactly where Lidoderm is to be applied in the recent notes from August 2014 onward. As such, this request is not medically necessary.