

Case Number:	CM14-0060299		
Date Assigned:	07/09/2014	Date of Injury:	12/29/2007
Decision Date:	07/01/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old female who sustained an industrial injury on 12/29/07. Diagnosis is right wrist pain/strain. A treating physician progress report on 2/20/14 notes subjective complaints of shoulder pain, right arm noted, wrist hurts and has limiting grip strength. Objective findings note positive for right wrist tenderness, positive for right lateral epicondylar tenderness. A treating physician progress report dated 4/4/14 notes subjective complaints of right wrist pain that radiates up the arm to the elbow and has pain grabbing objects and with mopping. She avoids opening bottles and heavy lifting. Medications help control the pain. Objective exam notes the right wrist is tender up to the lateral elbow. Last documented work status noted a return to modified work on 12/11/11. No diagnostics available for review. Documented treatment since 10/7/13 includes Lidoderm 5% patches every 12 hours, Motrin 600 mg twice a day, Prevacid 15 mg twice a day and Pennsaid 1.5% 4 times a day and referrals to physical therapy. The requested treatment is for Lidoderm patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12 Edition (web), 2014, Pennsaid (diclofenac sodium topical solution).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Lidoderm patches, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no evidence of localized peripheral neuropathic pain. Given all of the above, the requested Lidoderm patches are not medically necessary.