

Case Number:	CM14-0078310		
Date Assigned:	03/09/2015	Date of Injury:	12/13/2011
Decision Date:	04/14/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/28/2014

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old woman sustained an industrial injury on 12/13/2011. The mechanism of injury was not detailed. Current diagnoses include status post left carpal tunnel release, status post left De Quervain's release, right carpal tunnel syndrome, right De Quervain's tenosynovitis, and status post left shoulder arthroscopy with recurrent impingement. Treatment has included oral medications. Physician notes on a PR-2 dated 4/14/2014 show complaints of left thumb locking and pain, right wrist pain, right hand numbness, and left shoulder pain. Recommendations include awaiting authorization for right carpal tunnel release, De Quervain's release, and left trigger thumb injection; Relafen; Lidoderm patches; and follow up in six weeks. There was no rationale offered for these recommendations. On 5/20/2014, Utilization Review evaluated a prescription for Lidoderm patches that was submitted on 5/28/2014. The UR physician noted that the physical examination did not describe the worker's pain as neuropathic in nature. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Namaka 2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The 49 year old patient presents with left thumb locking and pain, right wrist pain, right hand numbness, and left shoulder pain, as per progress report dated 04/14/14. The request is for lidoderm patches. The RFA for the case is dated 05/11/14, and the patient's date of injury is 12/13/11. The patient is status post left De Quervain's release on 08/22/13, left carpal tunnel release on 08/22/13, and left shoulder arthroscopy with recurrent impingement on 12/20/11, as per progress report dated 04/14/14. Diagnoses included right carpal tunnel syndrome and right De Quervain's tenosynovitis. The patient is off work, as per the same progress report. MTUS guidelines page 57 states, "topical Novocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as pregabalin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Homeopathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that epidermal patches are indicated as a trial if there is "evidence of localized pain that is consistent with a homeopathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, only one progress report dated prior to the UR denial date is available for review. While the report dated 04/14/14 documents the request for Lidoderm patches, it is not clear if this is the first prescription for the patch or if the patient has used it before. The treating physician does not discuss the purpose of the patch, neither does the treater document its efficacy in terms of reduction in pain and improvement in function. There is no diagnosis of neuropathic pain for which the Lidoderm patch is indicated. Additionally, the request does not include a quantity. Hence, it is not medically necessary.