

Case Number:	CM15-0004512		
Date Assigned:	01/15/2015	Date of Injury:	05/21/2011
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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:

The injured worker is a 31 year old female, who sustained an industrial injury on 05/25/2011. The diagnoses have included complex regional pain syndrome, left upper extremity. Treatment to date has included injections, medications and behavioral therapy techniques to deal with pain. Magnetic resonance imaging (MRI) of the left wrist dated 10/03/2011 showed minimal central signal abnormality in the TFCC but no defined tear. This may represent very mild degeneration. There is no joint effusion and no fracture. MRI of the cervical spine dated 5/23/2013 showed C5-6 1-2mm central disc bulging without nerve root impingement or foraminal narrowing. Ultrasound of the left elbow dated 5/1/2013 was described as unremarkable except small amount of elbow joint effusion. Currently, the IW complains of left upper extremity pain, weakness, color change, swelling, weakness and sensitivity. The pain without medications is rated as 9/10 and with medications as a 6/10. Objective findings included hypersensitivity and effusion of the dorsal wrist with moderate tenderness. On 12/26/2014 Utilization Review non-certified a requests for a Lidoderm patch 5% #30 noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/08/2015, the injured worker submitted an application for IMR for review of Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain and weakness in her left forearm, elbow and wrist. The patient is recommend to have carpal tunnel release. The request is for LIDODERM PATCHES 5% #30. The patient is currently taking Norco, Naproxen, Omeprazole, Gabapentin and Lidoderm patch. The patient has been utilizing Lidoderm patch since at least 09/12/13. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized perioheral 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--." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In this case, the patient does present with peripheral and localized neuropathy, carpal tunnel syndrome for which this topical product may be indicated. However, the patient has been using this patch for over 15 months with no documentation of how it is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.