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| Case Number: | CM15-0105365 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 11/26/2002 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: Preventive Medicine, Occupational Medicine

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 65 year old female, who sustained an industrial injury on 11/26/2002. Diagnoses include status post crush injury right hand and complex regional pain syndrome right upper extremity. Treatment to date has included diagnostics, medications including Hydrocodone, Tramadol and Cyclobenzaprine, epidural steroid injections, physical therapy and aquatic therapy. Magnetic resonance imaging (MRI) of the cervical spine dated 7/24/2013 showed degenerative disc disease with multilevel canal stenosis, neural foraminal narrowing, facet arthropathy and retrolisthesis. Per the Primary Treating Physician's Follow-up Consultation dated 4/08/2015 the injured worker reported low back pain with left greater than right lower extremity symptoms rated as 7/10, right wrist/hand pain rated as 7/10, cervical pain rated as 5/10, left shoulder pain rated as 5/10, and right shoulder pain rated as 5/10. Physical examination revealed hyperalgesia of the right thumb, with hyperesthesia of the distal forearm and hand greatest at thumb, and spasm of the intrinsic muscles of the hand decreased. The plan of care included medications and authorization was requested for Hydrocodone 10/325mg and Lidoderm patches.

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 Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anti-convulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anti-convulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm pain patches is determined to not be medically necessary.