

Case Number:	CM15-0131399		
Date Assigned:	07/17/2015	Date of Injury:	04/07/2012
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of April 7, 2012. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an RFA form received on June 8, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 4, 2015 appeal letter, the attending provider appealed request for Lidoderm and Motrin. The attending provider stated that the applicant's medications were beneficial. The applicant had issues with ganglion cyst status post tendon surgery. The attending provider then stated that the applicant was also using a topical compounded medication. The attending provider stated that the applicant had undergone earlier ganglionectomy. The attending provider suggested that the applicant could have issues with possible complex regional pain syndrome (CRPS). On June 1, 2015 progress note, the applicant reported ongoing complaints of hand and wrist pain, 4/10 with medications versus 6/10 without medications. The applicant's pain complaints are mainly confined to the middle and ring fingers, it was reported. Surgical scars about the wrist were noted. Well-preserved wrist range of motion was appreciated. The applicant was asked to continue Motrin. There was no explicit mention of Lidoderm patches on this date. Permanent work restrictions were renewed. On April 20, 2015, the applicant reported ongoing complaints of hand pain status post earlier gangliectomy surgery. The applicant was asked to continue acupuncture, paraffin wax bath device, and home exercises. The applicant was using Flector and Motrin at this point. The applicant was asked to continue her regular vocation, suggesting that

she was working at this point. Once again, there was no mention of the applicant's using Lidoderm patches at this point. On January 29, 2015, the applicant was asked to continue Motrin and Flector patches for ongoing complaints of hand and wrist pain. The applicant was described as looking for a new job at this point in time. Once again, there was no mention of the applicant's using Liboderm patches on this date. On December 18, 2014, the applicant was again asked to continue present medications, including Motrin and unspecified topical patches. Work restrictions were endorsed at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine patch 4% #30 (DOS 11/7/14) and future refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Lidocaine Page(s): 7; 112.

Decision rationale: No, the request for topical lidocaine patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain and neuropathic pain in applicant's in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having failed oral antidepressant adjuvant medications or oral anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guideline further stipulates that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, multiple progress notes, referenced above, made no mention of the applicant's using Lidoderm patches. Multiple progress notes, referenced above, failed to state whether or not ongoing use of Lidoderm patches were or were not effectual here. While multiple other progress notes did discuss usage of Motrin, Flector patches, etc., the efficacy (or lack thereof) of Lidoderm patches at issue was not clearly established. Therefore, the request was not medically necessary.