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| Case Number: | CM15-0132977 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 09/12/2012 |
| Decision Date: | 08/24/2015 | UR Denial Date: | 06/11/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 32 year old woman sustained an industrial injury on 9/12/2012. The mechanism of injury is not detailed. Diagnoses include complex regional pain syndrome to the left upper extremity, chronic severe left cervical sprain with radicular symptoms, chronic severe left shoulder pain, chronic moderate left lateral epicondylitis, intermittent moderate to severe headaches, insomnia related to chronic pain syndrome, anxiety and depression related to chronic pain syndrome, gastroenteritis related to pain medications, constipation related to opioid analgesics, and second to third degree burn to the left hand with improvement. Treatment has included oral and topical medications. Physician notes dated 5/21/2015 show complaints of increased left shoulder pain rated 7-9/10 with radiation to the underarm, left breast, and left upper back; left arm and hand pain with reports of hot and cold episodes, weakness, and numbness; left neck pain; low back pain; chronic headaches; intermittent stomach pain; and chronic constipation. The worker rates her pain as 9/10 without medications and 4/10 with medications. Recommendations include Maxalt, Dendracin lotion, Lidoderm patches, Zofran, Naproxen, Hydrocodone/Acetaminophen, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% patches #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled studies to determine their safety and efficacy. Further research is needed to recommend topical Lidocaine patches for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Topicals are primarily recommended following failure of first-line agents, such as antidepressants and anticonvulsants. In this case, there is no evidence that first-line agents have failed. The claimant has also received other medications without evidence of intolerance or lack of effectiveness requiring a topical agent. Thus this request is deemed not medically necessary.