

Case Number:	CM15-0137911		
Date Assigned:	07/27/2015	Date of Injury:	07/22/2011
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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, Pain Management, 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 58 year old female, who sustained an industrial injury on 7/22/11. The injured worker was diagnosed as having right median neuritis and right wrist adhesions. Treatment to date has included carpal tunnel release on 1/27/12, acupuncture, a wrist splint, occupational therapy, injections to the thumb, and medication. Currently, the injured worker complains of right wrist and hand pain. The treating physician requested authorization for Lidocaine 3% gel #1 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 3% gel, topically 2 times per day #1, 6 refills (prescribed 6-17-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-2.

Decision rationale: MTUS 2009 recommends topical Lidocaine for painful neuropathic conditions such as post-herpetic neuralgia and diabetic neuropathy. The patient is not diagnosed with either of these conditions. The patient continues to be symptomatic while taking Neurontin which is an anti-epileptic used to treat neuropathic pain. The patient has painful paresthesias due to injury to a superficial nerve after undergoing a carpal tunnel release. The area is superficial and amenable to treatment similar to PHN. Therefore, a trial with topical Lidocaine is appropriate and a reasonable option in this specific case since the injury is superficial in location and similar to PHN. However, if topical Lidocaine is not effective, there is no indication for 6 additional refills. Therefore, based upon the request for 6 additional refills when there is no demonstrated efficacy, this request for 6 refills of 3% Lidocaine gel is not medically necessary.