

Case Number:	CM15-0138573		
Date Assigned:	07/28/2015	Date of Injury:	09/18/2011
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 64 year old woman sustained an industrial injury on 9/18/2011. The mechanism of injury is not detailed. Diagnoses include status post hand surgery. Treatment has included oral and topical medications and occupational therapy. Physician notes dated 5/19/2015 show complaints of post-operative incisional sensitivity. Recommendations include Voltaren, Protonix, Ultram, Lidoderm patch, continue occupational therapy, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 112-113.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic anti-depressants, SNRIs, or anti-

epileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Although the patient is diagnosed with a neuroma in the wrist and underwent surgery, a trial of these neuropathic agents is recommended before prescribing Lidoderm. As such, the currently requested Lidoderm is not medically necessary.