

Case Number:	CM15-0140972		
Date Assigned:	07/30/2015	Date of Injury:	01/02/2011
Decision Date:	08/27/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, California

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:

The injured worker is a 38 year old male who sustained an industrial injury on 01/02/2011. There was no mechanism of injury documented. The injured worker was diagnosed with right wrist internal derangement, right lateral epicondylitis and possible sympathetic mediated pain of the right upper extremity. The injured worker is status post right wrist reconstruction for intercarpal ligament tear in April 2012 and right wrist surgery in November 2012 (no procedure was documented). Treatment to date has included diagnostic testing, surgery, extensive physical therapy, multiple cortisone injections to the right wrist, psychological evaluation and medications. According to the primary treating physician's progress report on June 17, 2015, the injured worker continues to experience right wrist and hand pain associated with numbness and tingling with radiation to the right elbow. Examination of the cervical spine demonstrated tenderness to palpation bilaterally with increased muscle rigidity and decreased range of motion with obvious guarding. There were numerous trigger points palpable and tender throughout the cervical paraspinal muscles. Deep tendon reflexes of the biceps, triceps and brachioradialis were documented as 2 out of 4 bilaterally. Upper extremity motor testing noted normal shoulder abductors, elbow flexors and extensors with wrist flexor and extensors decreased at 4 out of 5 on the right. Sensory examination with Wartenberg pinprick wheel was decreased along the lateral arm and forearm in approximately the C5-6 distribution in the right upper extremity in comparison to the left upper extremity. Jamar grip strength was decreased on the right dominant hand. The injured worker is reluctant to take oral analgesics due to significant gastrointestinal (GI) upset. Current medications are listed as Neurontin and Lidoderm patches. Treatment plan

consists of acupuncture therapy, medication regimen and the current request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.