

Case Number:	CM15-0146665		
Date Assigned:	08/07/2015	Date of Injury:	12/12/2013
Decision Date:	09/03/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 33 year old male, who sustained an industrial injury on December 12, 2013, incurring left arm and left hand injuries. He was diagnosed with an open laceration with tendon tear of the left hand and neuritis. He underwent a surgical repair of the left hand. Treatments included physical therapy, transcutaneous electrical stimulation, pain medications, muscle relaxants, neuropathic medications, antidepressants, and activity restrictions. Electromyography studies of the left hand revealed neuropathy. He was diagnosed with carpal tunnel syndrome and radial neuropathy. Currently, the injured worker complained of persistent left arm pain with decreased wrist flexion and extension, grip, finger abduction and thumb extension. The treatment plan that was requested for authorization included a prescription for Lidocaine HCL 2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Lidocaine HCL 2% #1 with 2 refills: 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 Medications, Pages 111- 113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain with neuritis symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. The One prescription for Lidocaine HCL 2% #1 with 2 refills is not medically necessary and appropriate.