

Case Number:	CM15-0146918		
Date Assigned:	08/07/2015	Date of Injury:	08/01/2013
Decision Date:	09/09/2015	UR Denial Date:	07/13/2015
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, 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 8-1-2013. Diagnoses have included discogenic cervical condition, epicondylitis medially and laterally on the right, ulnar neuritis bilaterally, carpal tunnel syndrome bilaterally, wrist inflammation bilaterally and intersection syndrome bilaterally. Treatment to date has included right wrist injection, physical therapy, magnetic resonance imaging (MRI), bracing and medication. According to the progress report dated 6-30-2015, the injured worker complained of pain in both wrists and pain in both elbows with numbness and tingling. She had difficulty with gripping and grasping. She was noted to prefer topical patches and lotions. Objective findings revealed tenderness across the wrists. There was tenderness along the medial greater than lateral epicondyle. There was pain along the carpal tunnel bilaterally. Authorization was requested for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 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
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical 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)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.