MAXIMUS Federal Services

Case Number:	CM15-0147392		
Date Assigned:	08/10/2015	Date of Injury:	07/20/2012
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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 54 year old female, who sustained an industrial injury on July 20, 2012. Treatment to date has included right shoulder debridement and decompression, rotator cuff repair, carpal tunnel release, home exercise program, medications and modified work duties. Currently, the injured worker complains of headache, nausea and dizziness. She has increased left wrist pain secondary to increased use. She has tenderness to palpation over the bilateral wrists and positive Tinel's sign. She reported worsening right shoulder pain and bilateral wrist pain. The evaluating physician noted that the injured worker was better able to perform activities of daily living with her medications and had improved sleep. She was able to work with the use of her Lidoderm patches. The diagnosis associated with the request is sprain and strain of the shoulder and upper arm. The treatment plan includes continued home exercise program, continued bracing, continuation of Lidoderm patches, work restrictions, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patches) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Lidoderm (lidocaine patch).

Decision rationale: This patient presents with complaints of left wrist pain. The current request is for Lidoderm patches 5% #30. The RFA is dated 06/17/15. Treatment to date has included right shoulder debridement and decompression, rotator cuff repair, carpal tunnel release (03/13/14), home exercise program, medications and modified work duties. The patient is currently working. MTUS Chronic Pain guidelines page 56-57 regarding Lidoderm (lidocaine patches) states, "Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. MTUS Page 112 regarding Lidocaine also states, "Lidocaine indication: neuropathic pain, recommended for localized peripheral pain". ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." According to progress report 06/17/15, the patient reports an increase in pain secondary to increase in use at work. She has tenderness to palpation over the bilateral wrists and positive Tinel's sign. Previous reports indicate that this patient also suffers from right upper extremity pain with numbness and tingling. The patient is status post right CTR on 03/19/14 with continued pain associated with numbness and tingling in all digits of the right hand. With the use of Lidoderm patches, the patient is able to continue work with reduced work restrictions, increase ADL's and reduce other medication intake. This patient is status post CTR with residual symptoms and also has right upper extremity neuropathic pain. In addition, the treater has documented the effectiveness of this medication and has noted that the patient is able to continue work with utilizing these patches. This request is medically necessary.