

Case Number:	CM15-0148525		
Date Assigned:	08/11/2015	Date of Injury:	06/19/2014
Decision Date:	09/08/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

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 45-year-old female who sustained an industrial injury on 6-19-2014. She injured herself with repetitive injuries while at work. She has reported left elbow-forearm pain and left hand and wrist pain and has been diagnosed with impingement syndrome, epicondylitis lateral, epicondylitis medial, DeQuervains, and carpal tunnel syndrome. Treatment has included activity modification, medications, injections, and physical therapy. Physical examination was noted as normal. There was no sign of any sort of entrapment or compressive neuropathy, nor any signs of cervical motor radiculopathy. The treatment plan included medications and surgery. The treatment request included 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% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant has an upper extremity repetitive strain work-related injury with date of injury in June 2014. When seen, she was having low back and left shoulder pain. She was trying to lose weight. Physical examination findings included decreased cervical spine range of motion with cervical and left trapezius tenderness. Spurling's testing was positive. There was left shoulder tenderness with decreased range of motion. There was decreased left upper extremity strength and sensation. She was having difficulty taking oral medications. Naprosyn, Metaxalone, meloxicam, and omeprazole being prescribed. Lidoderm was prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm was not medically necessary.