

Case Number:	CM15-0167862		
Date Assigned:	09/08/2015	Date of Injury:	03/08/2015
Decision Date:	10/07/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 27 year old female who was injured on 03-08-2015. The mechanism of injury occurred when she was bitten by a cat. Diagnoses include right index finger cat bites, right forearm flexor and extensor tenosynovitis, right wrist sprain, right elbow lateral epicondylitis, bilateral shoulder periscapular strain secondary to biomechanical changes with gripping and grasping of the right upper extremity, lumbar spine musculoligamentous sprain secondary to altered biomechanics with lifting secondary to right upper extremity condition, and right finger debridement times two. Treatment has included diagnostic studies, medications, splinting, right index finger abscess I&D and radical tenosynovectomy, right index finger wrist block on 03-17-2015, and on 03-24-2015 a right index finger irrigation and debridement-complex, V-Y rotational skin flap and digital block, occupational therapy, and a home exercise program. Medications include Motrin, Neurontin, and Lidoderm patch. The physician progress note dated 07-28-2015 documents the injured worker complains of swelling and hypersensitivity and pain of the right elbow, and right shoulder which she rates as 7-8 out of 10. She has tenderness to palpation of the right elbow and positive Cogen's sign. On examination there is also tenderness to the right shoulder. There are multiple notes present that are difficult to decipher. The requested treatments include Neurontin 300mg #90, and Lidoderm Patch 5/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5/325mg #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 Medications, Pages 111- 113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch 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 Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Lidoderm Patch 5/325mg #30 is not medically necessary and appropriate.