

Case Number:	CM15-0182249		
Date Assigned:	09/23/2015	Date of Injury:	07/16/2009
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 60 year old male who sustained an industrial injury on 7-16-09. A review of the medical records indicates he is undergoing treatment for finger injury, pain in joint of the hand, brachial neuritis or radiculitis, neuralgia, neuritis, or radiculitis, anxiety, depressive disorder, and sleep disturbance. Medical records (8-24-15) indicate complaints of constant left hand pain, rating it 8 out of 10. He reports that the pain radiates to the neck, left shoulder, left arm, left forearm, left wrist, and left ring and little fingers. He describes the pain as "severe" and characterizes it as "aching, burning, squeezing, and throbbing." The report states that he "feels his current medications are not providing adequate pain control and would like to increase dose of medication." He reports that the quality of his sleep is poor. The physical exam reveals that he "appears depressed and tearful." Limited range of motion is "restricted with lateral rotation to the right" of his cervical spine. The range of motion is noted to be "painful." The left hand is noted to have left fifth digit contracted trigger finger position. Range of motion is restricted with extension at the distal interphalangeal joint to the little finger. Pain is produced when making a fist and with finger abduction. Diagnostic studies are not addressed in the progress report. Treatment has included 4 sessions of physical therapy to the left hand and medications. His medications include Norco 10-325, 1 tablet three times daily, Lunesta 1mg once daily, lidocaine 5% patch (700mg per patch) every 12 hours, and pantoprazole 20mg twice daily. The injured worker was evaluated by orthopedics on 7-27-15 and has been referred to a psychiatric provider for evaluation. The Utilization Review (9-1-15) indicates request for authorization, including Lunesta 1mg every evening at bedtime, #30, lidocaine patch 5% (700mg per patch) every 12

hours, #30 with one refill, and Norco 10-325 three times daily. The determination reveals denial of the lidocaine patches, indicating that "the guidelines do not support the use of the requested medication for the claimant's condition."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% 700mg/patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while no topical formulations of lidocaine are recommended. Therefore, per the cited MTUS guidelines, the request for lidocaine patch 5% 700mg/patch #30 with 1 refill is not medically necessary.