

Case Number:	CM15-0188413		
Date Assigned:	09/30/2015	Date of Injury:	12/06/2010
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California
 Certification(s)/Specialty: 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:

This is a 54 year old female patient, who sustained an industrial injury on 12-06-2010. She sustained the injury due to packaging boxes repetitively. The diagnoses include bilateral trigger thumb status post release, bilateral thumb pain status post trigger release on 04-01-2011 and left distal radio-ulnar arthritis. Per the progress note dated 08-26-2015, she had complaints of persistent bilateral wrist and hand pain that was rated as 7 out of 10 in the right wrist and 6 out of 10 in the left wrist. The right wrist pain radiates to the right forearm. She reported that she felt pain was getting worse and wanted to pursue right CMC and MCP joint steroid injection which helped her in the past. She indicated that Hydrocodone helped for pain. The physical examination revealed tenderness at the right CMC and MCP joint of thumb, tenderness in the right wrist joint and strength of 4 out of 5 in the right hand intrinsic muscles. The medications list includes ibuprofen, lyrica, hydrocodone and lidoderm patch. She has had Electromyography-nerve conduction study of the bilateral upper extremities on 08-17-2012 which showed evidence of left sensory median neuropathy at wrist of mild severity; left hand/wrist X-rays dated 4/3/2012 which revealed old healed fracture in the distal ulnar shaft, probable old healed fracture of the fourth metacarpal. She has undergone bilateral trigger thumb release on 4/1/2011. Treatment to date has included oral and injectable pain medication, home exercise program and joint steroid injection-thumb injection in 2013. On 2/11/15, patient was authorized for (modified from 12) 8 occupational therapy visits. The treatment plan included Lidoderm patch, ibuprofen, lyrica, right first CMC and MCP joint injection with steroid and six to eight sessions of occupational therapy

for bilateral wrist and hand pain. The UR submitted for this medical review indicated that the request for Lidoderm DIS 5%, #30 with 3 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5%, #30 with 3 refills: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidoderm DIS 5%, #30 with 3 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm DIS 5%, #30 with 3 refills is not fully established for this patient.