

Case Number:	CM15-0188759		
Date Assigned:	09/30/2015	Date of Injury:	03/24/2011
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency Medicine

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 50 year old female, who sustained an industrial injury on 03-24-2011. Current work status is noted as able to work with modifications. Medical records indicated that the injured worker is undergoing treatment for carpal tunnel syndrome status post release, pain in hand joint, and trigger finger status post release. Treatment and diagnostics to date has included wrist and finger surgeries and use of medications. Current medications include Norco and Celebrex. After review of progress notes dated 07-10-2015 and 08-06-2015, the injured worker reported scar pain and numbness and tingling on the right hand following right carpal tunnel and long trigger finger release. Objective findings included incisions healing well and the injured worker being able to make a tight fist and fully extend the fingers with ease and no evidence of recurrent locking or triggering. The request for authorization dated 09-02-2015 requested Lidocaine Pad 5% #90 with 1 refill. The Utilization Review with a decision date of 09-10-2015 denied the request for Lidocaine Pad 5% #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90 with 1 refill (09/02/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, Lidocaine/lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as such as carpal tunnel. There is no documentation of any failure of any 1st line neuropathic medications. Documentation fails to meet any criteria to recommend this medication. Lidocaine is not medically necessary.