

Case Number:	CM15-0203479		
Date Assigned:	10/20/2015	Date of Injury:	09/07/2013
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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 47 year old male with a date of injury on 09-07-2013. The injured worker is undergoing treatment for laceration of the hand, anxiety, sleep disturbances and a restless sleep. A physician progress note dated 09-28-2015 documents the injured worker has continued pain in his left hand and occasional swelling. He wakes at night with pain. His range of motion has improved, but continues to have weakness in the hand and digits. He has constant pain but varies in intensity. He has arthralgia and joint pain. He is having numbness in the 3rd and 4th fingers, up to the wrist. He has nerve pain that shoots up his arm to his neck and axilla. Since his surgery, he has had increasing pain but more movement. He was released to work duty, and would like to attempt to return to work. Treatment to date has included diagnostic studies, oral and topical medications, scar tissue repair on 06-25-2015, physical therapy and home exercises. Current medications include Gabapentin, Norco, Voltaren gel, Ibuprofen and samples of Lidoderm Patches were given to the injured worker. The Request for Authorization dated 10-05-2015 includes Lidoderm 5% patches #60. On 10-09-2015 Utilization Review non-certified the request for Lidoderm 5% patches #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60: Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2013 while working on a farm and using a machete with injury to his left hand. He underwent tendon repair surgery in June 2015. When seen, he had worse pain after surgery. He had completed 12 therapy treatments. He had been unable to return to work. He had continued pain and sensitivity and occasional swelling. Pain was rated at 9/10. Physical examination findings included appearing in mild distress. There was decreased finger and grip strength with extreme sensitivity at the site of surgery. He was referred for a second orthopedic opinion. Medications were Voltaren gel, ibuprofen, gabapentin, and Norco. Authorization was requested for Lidoderm. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, the claimant is already using Voltaren gel. Other topical treatments could be considered. Lidoderm is not considered medically necessary.