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| Case Number: | CM15-0206456 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 10/08/2008 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: Florida

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:

The injured worker is a 56 () year old male, who sustained an industrial injury on 10-08-2008. The injured worker is being treated for lesion of ulnar nerve and pain in limb. Treatment to date has included multiple surgical interventions of the upper extremity (most recently a left elbow sub muscular ulnar nerve transposition on 3-16-2015 and left shoulder manipulation under anesthesia (MUA) with steroid injection on 8-05-2015), physical-occupational therapy (15 sessions for the left upper extremity as of 7-30-2015), psychological evaluation and treatment, TENS, injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 9-10-2015, the injured worker presented for follow-up of left shoulder pain. He is over one month status post MUA and has had 8 sessions of postoperative physical therapy. He also reported moderate pain in the elbow with the use of that arm. Objective findings included tenderness in the proximal biceps and throughout the deltoid. He continues to have tenderness in the pectoralis and moderate pain throughout range of motion. Work status was not provided at this visit. The plan of care included additional physical therapy and Norco as needed for pain. Per the medical records dated 8-13-2015 to 9-10-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. The IW was prescribed oral pain medications and no documentation is provided regarding the need for transdermal medications. Per the Occupational Therapy note dated 7-30-2015, the IW reported pain that goes from the shoulder to the elbow. He gets most relief with pain medications Norco and Mobic, massage, ultrasound and TENS at home. Authorization was requested for 6 additional visits of occupational therapy (2x3) for the left arm and Lidoderm patches. On 9-28-2015, Utilization Review non-certified the request for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, per 9/15/15 order Qty: 1.00: 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).

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested Lidoderm Patches are not medically necessary.