

Case Number:	CM15-0022016		
Date Assigned:	02/11/2015	Date of Injury:	10/21/2012
Decision Date:	04/08/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on 10/21/2012. The diagnoses have included hand joint and wrist pain. Noted treatments to date have included medications. No MRI report noted in received medical records. In a progress note dated 12/19/2014, the injured worker presented with complaints of pain with history of right wrist fracture status post open reduction and internal fixation. The treating physician prescribed Lidoderm for localized neuropathic pain relief. Utilization Review determination on 01/05/2015 non-certified the request for Lidoderm 5% Patch Apply one patch to affected area for 12 hours #30, refill: 1 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with right wrist pain rated 8/10 without medications, 7/10 with medications. The patient's date of injury is 10/21/12. Patient is status post open reduction and internal fixation of right wrist fracture on 10/21/12. The request is for lidoderm 5% patch #30. The RFA is dated 02/24/15. Physical examination dated 02/09/15 reveals no erythema, swelling, atrophy or deformity of the right wrist. Treater notes the patient is wearing a velcro wrist splint. Sensory examination of the affected extremity reveals decreased light touch sensation over the thumb and index finger. The patient is currently prescribed Norco, Naproxen, and Lidoderm patches. Diagnostic imaging was not included. Patient is classified as permanent and stationary. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to the request for Lidoderm patches for the management of this patient's chronic intractable wrist pain, the patient does not present with localized neuropathic pain. The patient has wrist and hand pain following a significant fracture. This is not a localized neuropathic pain amenable to topical Lidocaine patches. It appears that this patient has been receiving Lidoderm patches since at least 10/24/14. While the subsequent reports document a reduction in pain attributed to medications, they are not clear on exactly which medication is producing benefits. Therefore, the request IS NOT medically necessary.