

Case Number:	CM15-0023137		
Date Assigned:	03/19/2015	Date of Injury:	11/02/2012
Decision Date:	04/17/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/06/2015

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: Pennsylvania

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(n) 62 year old female, who sustained an industrial injury on 11/2/12. She reported pain in the bilateral wrists/hands, left knee and low back. The injured worker was diagnosed as having bilateral median neuropathy, low back pain and left knee pain. Treatment to date has included physical therapy and oral and topical pain medications. As of the PR2 dated 8/13/14, the injured worker reports 5/10 pain in the bilateral wrists and low back. The treating physician noted a positive Tinel test and forearm spasms. The treatment plan is to proceed with carpal tunnel release on the left and current pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical licocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. This worker has several different areas and etiologies of pain including bilateral median neuropathy, low back pain, and left knee pain. The location and specific diagnoses for the use of the lidocaine pad has not been provided, therefore it cannot be determined to be medically necessary.