

Case Number:	CM15-0028333		
Date Assigned:	02/20/2015	Date of Injury:	09/06/2000
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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: Arizona, California
 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 47 year old female with an industrial injury dated September 6, 2000. The injured worker diagnoses include bilateral wrist pain, right significantly greater than left due to ulnar neuropathy and possible unresolved carpal tunnel syndrome and sympathetically mediated component of pain refractory to stellate ganglion blocks. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, acupuncture and periodic follow up visits. According to the progress note dated 12/9/2014, the treating physician noted limited right hand range of motion with limitation in finger extension. The treating physician also noted pain with manual extension to the finger and thumb. There was decrease right grip strength and pain over ulnar aspect of right wrist and forearm to pressure. Physical exam was positive for moderate wrist hyperesthesia and pain with range of motion and pressure of the left wrist. Documentation also noted pain to left upper extremity grip and elbow with flexion and extension. The treating physician prescribed Lidoderm patches 5%, 3 patches 12 hours per day #90. Utilization Review determination on January 23, 2015 denied the request for Lidoderm patches 5%, 3 patches 12 hours per day #90, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, 3 patches 12 ours per day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses and had been on Lidoderm for several months. Long-term use of topical analgesics such as Lidoderm patches are not recommended. In addition, the claimant had simultaneous use of oral opioids without indication of dosage reduction. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.