MAXIMUS Federal Services

Case Number:	CM15-0031558		
Date Assigned:	02/24/2015	Date of Injury:	10/05/2012
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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: Neurology, 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 43 year old female who sustained a work related injury October 5, 2012. Past history includes benign hypertension, esophageal reflux anxiety, panic disorder with agoraphobia, ulnar neuropathy at elbow and morbid obesity. An EM/NCV (electromyography/ nerve conduction) study, dated September 15, 2014 (report present in medical record), revealed mild right ulnar neuropathy across the elbow. According to a physician's office visit dated January 6, 2015, the injured worker presented for a follow-up with complaints of right arm pain. She has an achy sensation in the right forearm and wrist and tingling in the third, fourth and fifth fingertips and a restricted feeling in the right wrist with flexion and extension. Current treatment includes Lidocaine patches only. Treatment plan includes medication, orthopedic referral and possible TENS unit for right elbow region pain. According to utilization review dated February 10, 2015, the request for Lidoderm Patches (1) Box is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topicals Page(s): 111.

Decision rationale: The medical records provided for review do not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.