

Case Number:	CM15-0031761		
Date Assigned:	02/25/2015	Date of Injury:	09/04/2014
Decision Date:	05/08/2015	UR Denial Date:	01/23/2015
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: 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 28-year-old female who reported an injury on 09/04/2014. The mechanism of injury was a bookcase fell on the injured worker's shoulder and neck. The injured worker was noted to undergo an MRI of the right shoulder, right shoulder x-ray, and MRI of the right elbow. There was a Request for Authorization submitted for review dated 12/23/2014. The request was made for a right wrist MRI. The documentation indicated that the injured worker was a social smoker. The injured worker had complaints of right shoulder, neck, wrist, and hand pain. The injured worker complained of numbness and tingling and weakness in the right arm. The injured worker was noted to have had physical therapy and medication management without relief of pain. The injured worker had a TENS unit which made it worse. The injured worker complained of right wrist and hand pain. The treatment plan included an MRI of the right wrist and that the injured worker was to start Lyrica at 25 mg every 12 hours and start Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) MRI of right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured workers with true hand and wrist complaints, special studies are not needed until after a 4 to 6 week period of conservative care and observation. There was a lack of documentation indicating objective findings related to the right wrist to support the necessity for an MRI. The rationale for the MRI of the wrist was not provided. Given the above, the request for 1 MRI of the right wrist is not medically necessary.

Lidoderm 5% patches #90 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide the injured worker had a trial of first line therapy, including Lyrica. The clinical documentation submitted for review indicated the injured worker was to start the use of Lyrica. As such, there was no failure noted. There was a lack of documentation indicating a necessity for 11 refills without re-evaluation. Additionally, the request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for Lidoderm 5% patches #90 with 11 refills is not medically necessary.