

Case Number:	CM15-0033871		
Date Assigned:	02/27/2015	Date of Injury:	03/20/2006
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 59 year old female, who sustained an industrial injury on March 20, 2006. The diagnoses have included bilateral carpal tunnel syndrome and degenerative joint disease of the right first digit/thumb metacarpal phalangeal joint. Treatment to date has included bilateral carpal tunnel release, left carpal tunnel release revision, right carpometacarpal joint arthroplasty, medication, steroid injection and diagnostic studies. Currently, the injured worker complains of reports numbness and tingling of the hands and uses wrist splints at night. On examination, the injured worker has positive Tinel's and Phalen's signs bilaterally and discomfort over the CMC joints bilaterally. On February 13, 2015, Utilization Review non-certified a request for lidocaine pad 5% 30-day supply with 2 refills, noting that the medication is FDA approved for post herpetic neuralgia which is not documented as a diagnosis. The Food and Drug Administration was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of lidocaine pad 5% 30-day supply with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% day supply 30 refills 2: Upheld

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

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

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.