

Case Number:	CM15-0040518		
Date Assigned:	03/10/2015	Date of Injury:	12/12/2013
Decision Date:	04/20/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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 32 year old male, who sustained a work related injury on 12/12/13. The diagnoses have included depression, chronic pain, pain in limb status post laceration injury repair, open hand wound tendon repair and neuralgia/neuritis left hand. Treatments to date have included electrodiagnostic studies on left arm, physical therapy, medications, TENS unit therapy, use of brace for left hand and surgery to left hand. In the PR-2 dated 1/28/15, the injured worker states he has had decreased, temporary pain relief in left arm and hand with current medications and TENS unit therapy. He rates his pain a 4/10. He has allodynia of the radial nerve distribution. The treatment plan is to continue with current medications including refill for Lidoderm patches. He is to continue to wear brace at night and as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm patch 5%, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with left arm and hand pain rated at 4/10. The request is for 1 PRESCRIPTION OF LIDODERM PATCH 5%, #30 WITH 3 REFILLS. The request for authorization is dated 01/29/15. X-ray of the forearm shows no fracture. EMG/NCS shows left carpal tunnel syndrome and left sensory radial neuropathy. Patient is instructed to use wrist brace at night and just use a wrist strap during the daytime. Current medications and use of TENS unit afford temporary decrease in the symptoms. Patient's medications include Meloxicam, Gabapentin, Amitriptyline, Omeprazole, Sertraline and Clonazepam. The patient is on modified work duty. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not provide reason for the request. For the use of topical lidocaine patches, peripheral, localized neuropathic pain is required per guidelines. The patient has arm and hand pain, for which topical lidocaine patch would be indicated. However, treater does not discuss how it is used and with what efficacy. Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request IS NOT medically necessary.