MAXIMUS Federal Services

Case Number:	CM15-0062257		
Date Assigned:	04/08/2015	Date of Injury:	08/22/2013
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: Emergency Medicine

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 male, who sustained an industrial injury on 8/22/13. He reported initial complaints of shoulder and low back pain. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, s/p left shoulder impingement, and chronic low back pain with degenerative disc disease at L4-5 and L5-S1. Treatment to date has included oral and topical medications, steroid injections, transcutaneous electrical stimulation (TENS) unit, and surgery (left shoulder on 4/2014). MRI results were reported from 12/9/13 and 3/5/14. Currently, the injured worker complains of bilateral hand pain, wasting and weakness, with tingling and numbness, worse over the thumb, first, and second fingers. Symptoms are worse at night. Per the primary physician's progress report (PR-2) on 3/11/15, there is wasting noted in the thenar eminence prominently on the right less so over the dorsal interossei, full range of motion of the hand. Sensation was indeterminate. Tinel's and Phalen's test were questionable. Impression was bilateral carpal tunnel syndrome, left shoulder impingement s/p surgical repair, and low back pain. Current plan of care recommended electromyelogram/nerve conduction studies (EMG/NCS), request for wrist splints, and acupuncture. The requested treatments also included Lidoderm patches.

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: 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 requested Lidoderm patches #1 box, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has bilateral hand pain, wasting and weakness, with tingling and numbness, worse over the thumb, first, and second fingers. The treating physician has documented wasting noted in the thenar eminence prominently on the right less so over the dorsal interossei, full range of motion of the hand. Sensation was indeterminate. Tinel's and Phalen's test were questionable. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches #1 box is not medically necessary.