MAXIMUS Federal Services

Case Number:	CM15-0062326		
Date Assigned:	04/08/2015	Date of Injury:	05/01/2011
Decision Date:	05/07/2015	UR Denial Date:	03/07/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 May 1, 2011. Past history included left knee surgery, 2010 and 2012, cubital tunnel release, October 2012, right ulnar neurolysis, February, 2014, s/p revision of spinal cord stimulator to the right upper iliac crest, November, 2014. According to a supplemental report from an interventional pain physician, dated February 23, 2015, the injured worker presented with continued right upper extremity pain and alloydynia. She has severe anxiety and is pending a formal psychiatric and psychological evaluation and has been restarted on clonazepam. Diagnostic impression is documented as severe post-operative right ulnar neuritis with right medial antebrachial cutaneous neuroma; s/p ulnar nerve neurolysis with resection of neuroma, February, 2014, neuropathic pain, adjustment disorder with anxiety and depressed mood. Treatment plan included medications, request for Lidoderm patches to the arm, and encouraged to complete pending psychological evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm %5 patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Antiepileptic drugs, Benzodiazepines, Lidoderm (lidocaine patch Page(s): 13-16, 16-20, 24, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant's nerve pain was due to surgical ulnar nerve transposition and neurolysis of a neuroma. The claimant had been given Lidoderm for over a months and long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued use of Lidoderm patches as above is not medically necessary.