

Case Number:	CM14-0118291		
Date Assigned:	08/06/2014	Date of Injury:	06/06/2010
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48 year-old individual was reportedly injured on 6/6/2010. The mechanism of injury is not listed in these records reviewed. The only medical documentation noted is the peer review dated 6/18/2014 and indicates that there are ongoing complaints of hand and wrist pain. The physical examination states there is decreased range of motion of the cervical spine. Myofascial trigger point in the cervical paraspinal musculature and tenderness to palpation in the shoulder, wrist, elbow, and hand. Muscle strength 5/5 bilateral upper extremities. Reflexes were 2/2 upper extremities. No recent diagnostic studies are available for review. Previous treatment includes medication, functional restoration program, and conservative treatment. A request had been made for Lidocaine Pad 5% #30 and was not certified in the pre-authorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, there are no physical exam findings of radiculopathy to necessitate the use of this medication. As such, the request is considered not medically necessary.