

Case Number:	CM14-0136569		
Date Assigned:	09/03/2014	Date of Injury:	09/07/2011
Decision Date:	11/05/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 57-year-old female who reported an injury on 09/07/2011. The mechanism of injury was not provided within this review, but said to be due to repetitive activities. Her diagnoses were noted to be carpal tunnel syndrome, hand joint pain and lateral epicondylitis. Prior treatments were noted to be medication and home exercise. She was noted to have diagnostic imaging studies. A pertinent surgical history was not provided. The injured worker had a clinical evaluation on 04/08/2014, with subjective complaints of pain in the right shoulder, bilateral elbows and bilateral wrists with left being greater pain than right. She described her pain as radiating to bilateral upper extremities and bilateral neck. She stated burning, numbness, sharp and tingling sensations. She rated her current pain at 8/10 and rated the worst pain felt at 10/10. Pain was described as constant, but variable in intensity; she noted increased pain with twisting of the wrists at work. She stated pain interfered with sleep and caused feelings of depression, anxiousness and irritability. She indicated joint swelling of the right elbow and joint stiffness of both wrists. She had joint tenderness of wrists, shoulder joints with weakness noted in the bilateral upper extremities. She stated numbness in bilateral upper extremities with tingling. Physical exam findings revealed no acute distress. The neurological examination noted normal mood and affect. Musculoskeletal system exam revealed a normal gait. Pain behaviors were within expected context of the disease process. The plan was for home exercise and stretching routines and medications as prescribed. The provider's rationale for the request was noted within the documentation. A Request for Authorization form was not provided for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): page(s) 111-112.

Decision rationale: The request for Lidoderm 5% (700 mg/patch) quantity 30 with 5 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is recommended after a trial of first line therapy tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica have failed. Topical lidocaine in the formulation of a dermal patch, called Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. The Documentation submitted for review does indicate the injured worker with neuropathic pain symptoms. However, the documentation fails to indicate a failed trial of tricyclic or SNRI antidepressants. It fails to indicate a failed trial of AED, such as gabapentin or Lyrica. In addition, the provider's request fails to indicate a frequency of use. Therefore, the request for Lidoderm 5% (700 mg/patch) quantity 30 with 5 refills is not medically necessary.