MAXIMUS Federal Services

Case Number:	CM14-0213232		
Date Assigned:	12/30/2014	Date of Injury:	09/01/1989
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 patient is a female of unknown age with an injury date on 9/1/89. The patient complains of back pain and bilateral hand/wrist pain per 10/1/14 report. The patient stopped working in 1995 and has been collecting retirement/social security since then per 10/1/14 report. The patient's back pain shoots down to the legs, and the pain is increasing per 10/1/14 report. She is currently using cryotherapy, bracing, TENS unit, neck pillow, neck traction unit per 10/1/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are: 1. dscogenic lumbar condition with radicular component down the lower extremities, MRI showed spinal stenosis, nerve studies showed weak findings of L5 radiculopathy. 2. Carpal tunnel syndrome bilateral s/p surgery. Nerve studies obtained show moderate carpal tunnel findings more on the left than the right, persistent. 3. Chronic pain syndrome. A physical exam on 10/1/14 showed "shoulder elevation and abduction is normal to 90 degrees with quite a bit of difficulty and there is some weakness to resisted function especially on the right side. Tinel's at the wrists are mild."The patient's treatment history includes medications, MRI L-spine (stenosis), EMG (L5 radiculopathy, NCV upper extremities (carpal tunnel syndrome bilaterally), shoulder MRI (complete tear), lateral epicondyle injection on the left, 2 trigger point injection, 3 epidural steroid injection. The treating physician is requesting lidoderm patches 50mg #30. The utilization review determination being challenged is dated 11/21/14 and denies request as documentation does not show evidence of neuropathic type pain or radiculopathy. The requesting physician provided a single treatment report from 10/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 50mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8. Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Topical Analgesics Page(s): 56-57; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm.

Decision rationale: This patient presents with back pain, bilateral wrist/hand pain. The treating physician has asked for LIDODERM PATCHES 50MG #30 but the requesting progress report is not included in the provided documentation. It is not known if the patient has used Lidoderm patches before, per review of reports. 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.In this case, the patient has chronic pain of the wrist/hands. The treating physician is requesting a trial of Lidoderm patches which is reasonable for patient's peripheral neuropathic pain per MTUS guidelines. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The request IS medically necessary.