

Case Number:	CM14-0216098		
Date Assigned:	01/06/2015	Date of Injury:	06/21/2013
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/24/2014

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 46-year-old female with the injury date of 06/21/13. Per physician's report 11/12/14, the patient has pain in her right wrist and hand, at 5/10. The patient feels pain and numbness on the dorsum of the right hand and right distal forearm. "Current medications are helping and she feels Lidoderm patch decreases pain and helps her to sleep better at night." The EMG/NCV 07/26/13 reveal 1) right distal median neuropathy 2) no evidence of radiculopathy or plexopathy. Tenderness is noted in the right abductor pollicis brevis and at the base of the right thumb. The patient has tried occupational therapy. The patient will work with modified duties until 12/31/14. The lists of diagnoses are: 1.) S/P right carpal tunnel release. 2.) Clinically consistent right median neuropathy. 3.) Right superficial radial neuritis. 4.) Right ulnar neuritis. 5.) De-Quervains syndrome. Per 08/25/14 hand-written physical therapy report, the patient has pain in her right wrist. The diagnosis is right carpal tunnel syndrome. Per 07/21/14 hand-written physical therapy report, her right wrist extension is 56 degrees, flexion is 60 degrees, radial deviation is 10 degrees and ulnar deviation is 21 degrees. The right grip/pinch is 30 lbs and the left grip/ pinch is 40 lbs. The utilization review determination being challenged is dated on 12/05/14. Treatment reports were provided from 06/25/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, thirty count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Lidocaine Lidoderm patches Page(s): 111-113, 56-57. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain and weakness in her right wrist and right hand. The request is for Lidoderm patches 5% #30. MTUS guidelines page 57 states, topical lidocaine may be recommended for localized perioheral 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).S 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 documented for pain and function. The reports do not show how long the patient has been on this topical patch but it appears to be helping the patient with pain reduction and better sleep at night. The patient does present with peripheral, localized neuropathic pain for which topical lidoderm patches can be used. EMG/NCV studies showed medial neuropathy. The request is medically necessary.