

Case Number:	CM15-0106360		
Date Assigned:	06/11/2015	Date of Injury:	02/29/2012
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on 2/29/2012. He reported feeling a pop in his right elbow and pain in his neck. Diagnoses have included cervical strain, cervical multi-level degenerative disc disease, right sided neck pain and right upper extremity pain with right ulnar nerve transposition and exploration of the right distal biceps tendon on 9/10/2012. Treatment to date has included physical therapy, acupuncture and medication. According to the progress report dated 4/14/2015, the injured worker complained of worsening neck pain. He also complained of problems with his right elbow. He was using Lidoderm patches and reported that they were helpful. Current medications included Ultracet, Ibuprofen and Ambien. Physical exam revealed significant pain on the right side of his cervical spine. He had positive Tinel's sign over the ulnar groove of the medial side of the right elbow. Authorization was requested for Lidoderm patches. It is documented that he remains at full duties and the Lidoderm allows him to keyboard for longer periods of time. Prior trials of Amytriptyline and Lyrica are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch #60 x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines allow for a trial and subsequent use of topical lidocaine if specific criteria are met. These criteria included localized neuropathic pain, prior trial of oral medications and demonstrated benefits. This individual meets these Guideline criteria. Prior oral medications have been trialed and failed. The patches are reported to provide subjective benefits plus objective functional benefits i.e. continues as work and the patches are documented to improve his tolerance of work duties including keyboarding tolerance. Under these circumstances, the Lidoderm patch #60 X 2 refills is medically necessary.