

Case Number:	CM15-0113082		
Date Assigned:	06/19/2015	Date of Injury:	02/24/2010
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois

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 57 year old female who sustained an industrial injury on 02/24/10. Treatments to date include acupuncture, medications, bilateral carpal tunnel release, a cervical epidural steroid injection, and a trigger point injection. Current complaints include stiffness in the cervical spine and shoulders, weakness in the upper extremities, and low back pain. Diagnoses include cervicgia with degenerative disc disease, left carpal tunnel syndrome, left cubital tunnel syndrome, and bilateral Guyon's canal syndrome. In a progress note dated 11/18/14 the treating provider reports the plan of care as medications including tramadol, omeprazole, cyclobenzaprine, and lidocaine patches, as well as additional acupuncture, urine drug screen, and ketoprofen/gabapentin/lidocaine compound cream. The requested treatments include Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patches #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56; 111-113.

Decision rationale: The injured worker sustained a work related injury on 02/24/10. The medical records provided indicate the diagnosis of cervicalgia with degenerative disc disease, left carpal tunnel syndrome, left cubital tunnel syndrome, and bilateral Guyon's canal syndrome. Treatments have included acupuncture, medications, bilateral carpal tunnel release, a cervical epidural steroid injection, and a trigger point injection. The medical records provided for review do not indicate a medical necessity for Lidocaine 5% Patches #90. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The medical records do not indicate there has been a failed trial with the use of; besides, the MTUS states lidocaine patch is only FDA approved for post-herpetic neuralgia, but there is no evidence the injured worker is being treated for post-herpetic neuralgia. The request is not medically necessary.