

Case Number:	CM15-0118769		
Date Assigned:	06/29/2015	Date of Injury:	08/20/2008
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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 (IW) is a 61-year-old female who sustained an industrial injury on 08/20/2008. Diagnoses include cervical myofascial pain and bilateral carpal tunnel-wrists. Treatment to date has included medications, surgery, injections and physical therapy. MRI of the cervical spine on 4/10/12 found multilevel disc and facet degenerative changes, with foraminal narrowing at C3-4, C5-6 and C6-7. Electrodiagnostic testing on 4/16/13 found evidence consistent with slight left and slight/moderate right carpal tunnel syndrome. According to the progress notes dated 5/27/15, the IW reported pain rated 4/10 without medications. The pain was described as tightness, discomfort, sharp, irritation and numbness and tingling. She complained that her pain medications were not helping. She stated almost any movement aggravated the pain and that heat and rest reduced her pain. On examination, there were spinal restrictions/subluxations, pain and tenderness of the spine from C1 through L5. A request was made for Lidoderm patches 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for lidoderm patches 5%, unknown quantity is determined to be not medically necessary.