MAXIMUS Federal Services

Case Number:	CM15-0127289		
Date Assigned:	07/14/2015	Date of Injury:	02/16/2015
Decision Date:	09/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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: Texas, Florida, 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 55 year old male who sustained an industrial injury on 2/16/15. The injured worker was diagnosed as having sprain/strain wrist/hand unspecified right. Currently, the injured worker was with complaints of right wrist pain, intermittent tingling at night, difficulty opening bottle and combing hair. Previous treatments included oral analgesic, rest, cold/heat application, physical therapy, brace, and activity modification. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured work status was noted as modified duty. The injured workers pain level was noted as 3/10. Physical examination was notable for extensor surface of right wrist with tenderness, right wrist with full range of motion and 5/5 muscle strength, sensation intact to light touch and pinprick of the right upper extremity, positive Phalen test for right median nerve compression, carpal compression testing on right positive for median nerve compression. The plan of care was for Lidoderm patch 5% quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% x 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: This claimant was injured last February with a wrist strain. The pan is still slightly elevated. There is tenderness on exam. There is no mention of failure of oral medicine.Lidoderm is the brand name for a lidocaine patch produced by [redacted]. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary.