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| Case Number: | CM15-0025991 | | |
| Date Assigned: | 02/18/2015 | Date of Injury: | 11/15/2011 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on November 15, 2011. She reported cumulative trauma from repetitive housekeeping chores with numbness in the right hand. The injured worker was diagnosed as having right lateral epicondylitis, right de Quervain's tenosynovitis, neck pain unable to rule out cervical radiculopathy, right carpal tunnel syndrome status post carpal tunnel release, and limitation of motion of the right shoulder joint. Treatment to date has included physical therapy, right carpal tunnel release 2013, right wrist/elbow steroid injection, and medication. Currently, the injured worker complains of neck pain, right upper extremity pain, left wrist pain, and left elbow pain. The Primary Treating Physician's report dated December 10, 2014, noted the physical examination showed tenderness and tightness over the right upper trapezius, tenderness over the right lateral epicondyle, tenderness over the right common extensor tendon and the right first dorsal compartment, with positive Finkelstein's test on the right and Spurling's test positive for neck pain only. The injured worker was noted to have restricted range of motion (ROM) of the cervical spine and right shoulder. The treatment plan was noted to include prescriptions for Ultram and Lidoderm patches. A progress report dated July 8, 2014 states that the patient was using Lyrica and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent Patch, #60 Refill: 1: Upheld

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.