

Case Number:	CM15-0064272		
Date Assigned:	04/10/2015	Date of Injury:	02/06/2004
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 71 year old male, who sustained an industrial injury on 2/6/2004. The current diagnoses are entrapment neuropathy upper limb, extremity pain, shoulder pain, left ulnar neuropathy, status post nerve injury, and left brachial plexopathy. According to the progress report dated 2/10/2015, the injured worker complains of neck and left upper extremity pain. The pain is rated 5/10 with medications and 7/10 without. The current medications are Percocet, Neurontin, and Lidoderm patch. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, left cock-up splint, and H-wave. The plan of care includes prescription refill for Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% x30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 16-19,74, 78-97 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do describe treatment with gabapentin which has improved pain but not completely. Therefore, having failed use of a first line agent, the use of Lidoderm is medically necessary.