

Case Number:	CM15-0064969		
Date Assigned:	04/13/2015	Date of Injury:	02/05/2013
Decision Date:	05/13/2015	UR Denial Date:	03/31/2015
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: California, Texas, New Mexico
 Certification(s)/Specialty: Anesthesiology

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 was a 47 year old female, who sustained an industrial injury, February 5, 2013. The injured worker received the following treatments in the past Ibuprofen, Lidoderm 5% patches, Vicodin, home traction unit for the cervical spine, right carpal tunnel injection, EMG/NCS (electro diagnostic studies and nerve conduction studies) on the bilateral upper extremities. The injured worker was diagnosed with right thoracic outlet syndrome, right cervical spondylosis, rule out radiculopathy, right moderate carpal tunnel syndrome, left moderate carpal tunnel syndrome and thoracic outlet syndrome surgery. According to progress note of November 24, 2014, the injured workers chief complaint was neck, shoulder and arm pain. The physical exam noted neck stiffness, finger range of motion was normal. Thenar weakness was present both on the right and on the left. The treatment plan included medicated Lidocaine Pads 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% Qty 30 with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics Page(s): 56, 111-112.

Decision rationale: MTUS Guidelines assert that topical analgesics such as the Lidoderm Patch or pad are: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In addition, according to MTUS Guidelines, lidocaine is indicated for neuropathic pain and is not recommended for non-neuropathic pain. The medical record indicates the topical lidocaine is intended to be used to treat arthritic joint pain. Therefore, the above listed issue is considered not medically necessary.