

<b>Case Number:</b>	CM15-0073555		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/24/2003
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Internal 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 52 year old female, who sustained an industrial injury on April 24, 2003. She reported that while transferring a patient she felt pain in her neck and right shoulder. The injured worker was diagnosed as having left knee degenerative joint disease, chondromalacia, cervical herniated nucleus pulposus (HNP), and right wrist tendinitis. Treatment to date has included MRIs, cervical epidural injection, right shoulder arthroscopic subacromial decompression, acupuncture, and medication. Currently, the injured worker complains of continued right wrist pain and left knee discomfort. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker's right wrist with decreased grip strength, decreased and painful range of motion (ROM), with stiffness. The left knee was noted to have effusion with decreased range of motion (ROM) and crepitation. The treatment plan was noted to include requests for authorization for a right wrist brace and a dermatologist referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Dermatologist QTY 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. The request for authorization dated 3/25/15 documented a request for a consult with a dermatologist for a rash from anxiety. The primary treating physician's progress report dated 3/20/15 did not document subjective complaints of a skin condition. No skin abnormalities were noted on physical examination. No rash was documented on physical examination. Because no rash was documented on physical examination, the request for a dermatologist consultation is not supported. Therefore, the request for is consultation with a dermatologist not medically necessary.

**Lidoderm patches #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page 56-57. Topical Analgesics Page 111-112.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm (Lidocaine patch 5%) is not recommended for non-neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The primary treating physician's progress report dated 3/20/15 documented the diagnoses of knee degenerative joint disease, chondromalacia, cervical herniated nucleus pulposus, and wrist tendinitis. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. The request for Lidoderm patch is not supported by MTUS guidelines. Therefore, the request for Lidoderm Lidocaine patch 5% is not medically necessary.