

Case Number:	CM15-0075005		
Date Assigned:	04/24/2015	Date of Injury:	07/05/2013
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 46 year old male, who sustained an industrial injury on July 5, 2013. He reported a heavy rock rolled onto his hand with a crush injury to his right hand 3rd and 4th digit distal phalanx. The injured worker was diagnosed as having finger injury not otherwise specified. Treatment to date has included physical therapy, heat/ice treatments, and medication. Currently, the injured worker complains of ongoing right hand pain. The Treating Physician's report dated April 1, 2015, noted the injured worker reported that his medications keep his pain tolerable, using them only as needed for pain. The injured worker's current medications were listed as Dendracin lotion, Voltaren XR, and Tylenol. Physical examination was noted to show some dysesthesia on the right to pin and light touch, with Heberdon's nodes on the right hand and a swan deformity of the 3rd and 4th digits on the right with a slightly flexed DIP joint. The treatment plan was noted to include replacement of the Dendracin with a topical Lidoderm patch, the Voltaren replaced with Naproxen, and physical therapy not to exceed 10/year for worsening pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, thirty count: Upheld

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

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

Decision rationale: The requested Lidoderm 5% patches, thirty count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has dysesthesia on the right to pin and light touch, with Heberdon's nodes on the right hand and a swan deformity of the 3rd and 4th digits on the right with a slightly flexed DIP joint. The treating physician has not documented trials of anti-depressants or anti convulsants. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patches, thirty count is not medically necessary.