

Case Number:	CM15-0076040		
Date Assigned:	04/27/2015	Date of Injury:	02/13/1985
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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 68 year old female who sustained a work related injury February 13, 1985. Past history included a rib resection for thoracic outlet syndrome and left mastectomy and reconstruction. According to a primary treating physician's progress report, dated March 26, 2015, the injured worker presented with worsened pain in the right upper extremity and weakness in the right hand. Diagnosis is documented as brachial plexus neuropathy. Treatment plan included request for Lidoderm patch, anesthetic cream to right hand and brachial plexus block. An Independent Medical Review dated October 6, 2014 recommended certification for Lidoderm patches due to documented failure of previous first-line neuropathic pain agents. The report indicates that the patient had previously tried Dilantin, Elavil, Tegretol, and others. An undated letter states that Lidoderm patches work well in decrease pain and spasm in the neck, shoulder, and upper back. They also decrease pins and needles and aching in the hand by proximally 75% without side effects. The note goes on to state that anesthetic cream would be more useful for the hand and fingers since it is difficult to apply the patch to those locations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Overturned

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

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, the requesting physician has identified subjective complaints and objective findings consistent with a diagnosis of localized peripheral pain. Additionally, the patient is on an antidepressant and an antiepileptic drug, both considered to be first-line agents for the treatment of neuropathic pain. Finally, the requesting physician has identified that the current pain regimen improves the patient's pain and function with no intolerable side effects. As such, the currently requested Lidoderm is medically necessary.

Anesthetic cream: Upheld

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

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 Anesthetic cream, 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. Guideline supports the use of lidocaine only in a dermal patch. Within the documentation available for review, the current request is unclear as to which local anesthetic is being requested and would therefore be provided. Additionally, guidelines do not support local anesthetics except in a patch formulation. As such, the currently requested Anesthetic cream is not medically necessary.