

Case Number:	CM14-0141311		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2007
Decision Date:	10/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury due to repetitive use on 02/01/2007. On 03/20/2014, her diagnoses included right carpal tunnel syndrome status post right carpal tunnel release, painful right palm with scar, pain of the metacarpophalangeal joint to the right thumb, complex regional pain syndrome of the right hand, left pantrapezial and STT arthrosis and chronic pain syndrome. On 07/18/2014, her medications included Gabapentin 600mg, Omeprazole 20mg, Percocet 10/325mg, Relafen 500mg, Desipramine 10mg, and MS Contin 15mg. The worker's medications were reviewed for efficacy or possible side effects and no prescriptions were written for any new medications. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pads 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidocaine pads 5% is not medically necessary. The California MTUS guidelines refer to topical analgesics as primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first-line therapy including tricyclic or SNRI antidepressants. The only form of FDA-approved topical application of Lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorder other than postherpetic neuralgia. There was no order or prescription for lidocaine patches included in the submitted documentation. Additionally, there was no quantity or frequency of administration included with the request. Furthermore, the body part or parts to have been treated were not included in the request. Therefore, this request for lidocaine pads 5% is not medically necessary.