

Case Number:	CM14-0143924		
Date Assigned:	09/12/2014	Date of Injury:	03/20/2013
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/05/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 59-year-old male with a reported injury on 03/20/2013. The mechanism of injury was trying to pull a cord from underneath a table. The injured worker's diagnoses included status post left elbow biceps rupture with surgery and cervical radiculopathy. The injured worker's past treatments included postsurgical physical therapy, acupuncture, moist heat, and Jacuzzi. The injured worker's diagnostic testing included an MRI of the cervical spine on 06/23/2014, which showed foraminal stenosis at multiple levels. The injured worker also underwent EMG/NCV testing on 09/03/2014; the findings were compatible with moderate left carpal tunnel syndrome, and a severe left ulnar neuropathy at the elbow which correlated with the clinical impression. The injured worker's past surgical history included repair of a left biceps tear on 04/11/2013. The injured worker was evaluated on 06/18/2014 where he complained of neck pain with radiation down to his parascapular region. He also reported intermittent sharp pains in his ulnar forearm. The clinician observed and reported noticeable atrophy on the injured worker's right first dorsal web space, and palpable taut bands along his left side paraspinals, especially suboccipitals and left superior trapezius levator scapulae, and rhomboids. The clinician's treatment plan was to continue acupuncture, request an MRI, and try Lidoderm patch. The injured worker's medications included Protonix twice per day, naproxen occasionally, and Norco as needed. The request was for Lidoderm patch 5% #30. No rationale was provided for this request. The Request for Authorization Form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, quantity 30: Upheld

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

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

Decision rationale: The request for Lidoderm patch 5% #30 is not medically necessary. The injured worker continued to complain of neck pain with radiation down to his parascapular region. The California MTUS Chronic Pain Guidelines recommend topical Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. Topical lidocaine in the form of a dermal patch is indicated for neuropathic pain related to postherpetic neuralgia. The injured worker does not have a diagnosis of postherpetic neuralgia. Additionally, the request for Lidoderm patch did not include a site or frequency of application. Therefore, the request for Lidoderm patch 5% #30 is not medically necessary.