

Case Number:	CM13-0016573		
Date Assigned:	06/06/2014	Date of Injury:	01/16/2011
Decision Date:	07/11/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 30 year old female injured on 01/06/11 due to undisclosed mechanism of injury. Current diagnoses included status post right DeQuervain's release in 2011, right carpal tunnel release on 10/02/12, right lateral and medial epicondylitis, dynamic cubital tunnel syndrome, right shoulder strain, cervical spine and right ankle strain. Clinical note dated 07/22/13 indicated the injured patient presented complaining of constant right shoulder pain increased with lifting, pushing, pulling and carrying. The injured worker also complained of ongoing right elbow pain with numbness and tingling. In addition, there are complaints of right ankle and wrist pain with intermittent flare ups. Home exercise program and EMS was continued which the patient found helpful in pain relief. Physical examination of the right shoulder revealed tenderness to palpation, positive crepitus, decreased range of motion, and positive impingement signs. Evaluation of the right elbow revealed tenderness to palpation, medial greater than lateral, positive Cozen and Tinel. Documentation indicated the injured patient was pending surgical consultation and authorization for inclusionary cyst removal from the right wrist. Refill for Lidoderm patch was requested. The injured worker was advised to continue her home exercise program and EMS unit use. Medications included Norco 10-325mg, Zanaflex, and Lidoderm patch. The initial request for refill Lidoderm patch 5% for right shoulder and elbow #90 was initially non-certified on 08/12/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL LIDODERM PATCH 5% FOR RIGHT SHOULDER AND ELBOW #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, LIDODERM (LIDOCAINE PATCH) Page(s): 56.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, state that the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore, the request for a refill of Lidoderm patch 5% for right shoulder and elbow #90 is not medically necessary and appropriate.