

<b>Case Number:</b>	CM13-0056830		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/26/2008
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 least at 24 hours a week in active practice. The physician 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 patient is a 57-year-old female who reported an injury on 04/26/2008. The mechanism of injury involved heavy lifting. The patient is diagnosed with lateral epicondylitis, elbow pain, paresthesia, and depression. The patient was seen by [REDACTED] on 09/09/2013. The patient reported improvement with physical therapy. Physical examination of the upper extremity indicated shiny skin along the dorsum of the forearm, slightly off-colored tone, and stiffness. Treatment recommendations included additional physical therapy and a prescription for a Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**retrospective request for Lidoderm 5% patch DOS 9/18/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been

evidence of a trial of first-line therapy. As per the documentation submitted, there is no indication of this patient's failure to respond to first-line treatment with tricyclic or SNRI antidepressant or an anticonvulsant such as gabapentin or Lyrica. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.