

Case Number:	CM13-0067644		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2009
Decision Date:	05/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 54 year old with a reported date of injury of 04/14/2009. The patient's diagnoses includes chronic left elbow medial epicondylitis, early posttraumatic arthritis, and right elbow epicondylitis. Treatment plan has included medications, home exercise programs, stretching. The patient had previous surgery on the left elbow in 2008 and 2009. The most recent progress notes by the treating physician noted the patient subjective pain remaining unchanged from previous office visit, medications working well and activity level remaining the same. The physical exam noted tenderness to palpation over the lateral and medial epicondyle on the left elbow but no limitation in range of motion. The right elbow was not tender to palpation with full range of motion. Treatment plan consisted of continued home therapy, TENs unit and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% PATCH #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS recommends that topical analgesics be used primarily for neuropathic pain when trial of antidepressants and anticonvulsants has failed. Lidocaine is indicated for neuropathic type pain, after evidence of a trial of first-line therapy. Per the progress notes provided, there is no indication of a trial of the required first line medications mentioned above nor is there any indication of neuropathic pain. For these reasons, topical lidocaine patches are not medically necessary.

FLEXERIL 5MG TABLET #60 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The California MTUS recommends the use of muscle relaxants for a short course of therapy and does not allow for a recommendation for chronic use. There is no indication in the progress notes of an acute injury and thus this medication is not medically necessary.