

Case Number:	CM14-0179883		
Date Assigned:	11/04/2014	Date of Injury:	05/03/2013
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 5/3/2013 after tripping and falling. She was diagnosed with lumbar spine sprain/strain, axial low back pain, left elbow sprain/strain, internal derangement of the right knee. She was treated with right knee arthroscopy, physical therapy, and medications. On 9/22/2014, the worker was seen by her pain management physician complaining of bilateral shoulder pain, left elbow pain, low back pain, and bilateral knee pain collectively rated at 8-9/10 on the pain scale. She reported Norco not helping. No other medications were listed as the worker using on a regular basis. Physical findings included tenderness over left lateral epicondyle of left arm, lumbar spasm and tenderness, negative straight leg raise, and normal sensation. He was recommended lumbar facet block injections, stop Norco, start Cymbalta, start Lyrica, and start Lidocaine patches. She was also given an injection of depomedrol and bivucaine to her left lateral epicondyle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5% #90, up to three patches applied over painful area 12 hours on/12 hours off: Upheld

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The worker in this case was diagnosed with strains of the elbow, low back, and knee, without any subjective or objective evidence which would suggest she had neuropathic pain. Also, even in possibility of her having neuropathic pain, there was no evidence that she had trialed first-line therapies for this before considering topical lidocaine. Therefore, the lidocaine is not medically necessary.