

Case Number:	CM14-0023336		
Date Assigned:	05/28/2014	Date of Injury:	10/27/2010
Decision Date:	07/11/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 46-year-old woman with a date of injury of October 27, 2013. A neurologic testing report by [REDACTED] dated March 28, 2013 identified the mechanism of injury as repetitive right arm use causing right arm and elbow pain. Office visit notes by [REDACTED] dated September 11, 2013, October 10, 2013, and November 26, 2013; extracorporeal shockwave therapy procedure notes by [REDACTED] dated September 27, 2013, October 11, 2013, and October 25, 2013; and a neurologic testing report by [REDACTED] dated March 28, 2013 indicated the worker was experiencing right elbow, wrist, and intermittent right shoulder pain. [REDACTED] report documented examination findings included full right arm range of motion and diffuse tenderness. [REDACTED] notes documented examination findings included tenderness and positive Tinel and Phalen signs. [REDACTED] report dated March 28, 2013 indicated the electromyogram and nerve conduction study studies were normal. A report of an ultrasound of the right arm dated September 16, 2013, described no ganglion cyst or other soft tissue abnormalities. A report of an ultrasound of both wrists dated November 2, 2013 described findings consistent with mild right median nerve fusiform enlargement and mild extensor carpi radialis tenosynovitis. The submitted documentation described treatment included surgery (right ulnar nerve transposition and epicondylectomy) on July 23, 2012 with subsequent worsening of symptoms, rest, ice, non-steroidal anti-inflammatory medication, physical therapy, three sessions of extracorporeal shockwave therapy, and possibly acupuncture. No other treatment was reported, although the handwriting in [REDACTED] notes was difficult to read. A utilization review decision by [REDACTED] was rendered on January 15, 2014 recommending non-certification for treatment with a Lidoderm 5% patch, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5%, #30: Upheld

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

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

Decision rationale: The MTUS Guidelines describe topical Lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical Lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-Norepinephrine reuptake inhibitor, and anti-epileptic (Gabapentin or Pregabalin) medications. The submitted documentation does not report that first line treatment was tried or failed to improve function. In the absence of such evidence or documentation, the current request for Lidoderm 5% patches is not medically necessary.