

<b>Case Number:</b>	CM14-0040414		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/01/2008
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Orthopedic Surgeon and is licensed to practice in Florida. 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 43-year-old female who reported an injury on 03/01/2008 due to unknown mechanism. The injured worker complained of bilateral lower neck pain with exacerbating factors with prolonged sitting, lifting, twisting, driving, and lying down. On physical examination dated 03/04/2014, there was tenderness upon palpation of the bilateral medial elbow at cubital tunnel. Tinel's at the medial elbow was positive, right worse than left. Cervical and upper extremity ranges of motion were restricted by pain in all directions. Cervical discogenic and upper extremity provocative maneuvers were positive. There was tenderness upon palpation of the lumbar paraspinal muscle overlying the bilateral L4-5 and L5-S1 facet joints. Lumbar extension was worse than lumbar flexion. The injured worker's diagnoses were bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuropathy across the elbow with positive findings on EMG (electromyography) with nerve conduction study, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, right C5-6 radiculopathy with right upper extremity weakness and positive findings on electromyography, right C5-6 radiculopathy, cervical stenosis, cervical sprain/strain, right rotator cuff bursitis and impingement, repetitive upper extremity injury, and bilateral epicondylitis, right greater than left, status post right ulnar release, and lumbar sprain/strain. The injured worker prior surgical history was cholecystectomy, tubal ligation, gastric sleeve in September 2012 and right ulnar release in November of 2012. The injured worker's prior treatment included C-7 transformational epidural steroid injection provided 80% relief for 7 months. The Request for Authorization form or rationale was not provided with the documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch #60 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate lidocaine is for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapies, such as anti-epileptic drugs such as gabapentin and Lyrica. On objective clinical documentation, there was positive Tinel's at medial elbows as well as decrease sensation to the fourth and fifth digit of the right hand. Electrodiagnostic studies revealed bilateral ulnar neuritis/neuropathy and right C5-6 radiculopathy. However, there was a lack of documentation for a trial of first-line therapies, such as tricyclic's, SNRI antidepressants, or anti-epileptic drugs such as gabapentin or Lyrica. In the absence of evidence-based documentation of a trial of first-line therapy, including tricyclic's or an SNRI (Serotonin-Norepinephrine Reuptake Inhibitors) antidepressant or anti-epileptic drug such as Gabapentin or Lyrica, the requested medication does not meet guideline criteria. Also, the frequency of the medication was not provided for review. Efficacy of the medication was not provided to support continuation. As such, the request for Lidoderm patch #60 1 refill is not medically necessary.