

Case Number:	CM14-0061611		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2004
Decision Date:	08/19/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported injury on 04/12/2004. The date of birth was not disclosed in the medical documents. The mechanism of injury was not provided. On 06/24/2014, the injured worker presented with bilateral elbow pain. Current medications include Norco, Cymbalta, Prilosec, Wellbutrin, and Lidoderm patch. Upon examination, there was tenderness to palpation over the lateral epicondyles. The diagnoses were status post right lateral epicondylectomy 03/2007, intractable right lateral epicondylitis, and possible irritated right posterior interosseus nerve syndrome due to radial nerve irritation. The provider recommended Lidoderm, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm (lidocaine patch 5%) #30 is not medically necessary. The California MTUS state Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The included medical documentation lacked evidence of a failed trial of first line therapy of tricyclic or SNRI antidepressants or AED, and the injured worker does not have a diagnosis congruent with the guideline recommendations of Lidoderm. Additionally, the provider's request does not indicate a dose, frequency, or site that the Lidoderm is indicated for in the request as submitted. As such, the request is not medically necessary.