

Case Number:	CM14-0083889		
Date Assigned:	07/21/2014	Date of Injury:	06/27/2011
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/05/2014

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 and is licensed to practice in Illinois. 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 49-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not provided. A 01/06/2014 note reported that the injured worker is status post a right endoscopic carpal tunnel release. Upon examination, there was tenderness to palpation over the lateral epicondyle. The diagnoses were right radial sensory nerve, bilateral epicondylitis, and multiple trigger fingers. Much of the report is illegible. No prior treatments were provided. The provider recommended lidocaine 5% patch with a quantity of 60. 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:

Lidocaine 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic,

or Serotonin-norepinephrine reuptake inhibitor (SNRI) antidepressant, or an anti-epileptic drug (AED) such as gabapentin or Lyrica. This is not a first line treatment and it 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 documentation lacked evidence of the injured worker's failure to respond to first line therapy to include tricyclic, SNRI antidepressant, or an AED. Additionally, the injured worker's diagnosis is not congruent with the Guideline recommendation for a lidocaine patch. Furthermore, the provider did not indicate the frequency of the medication in the request as submitted. As such, the request for Lidocaine 5% patch #60 is not medically necessary.