

Case Number:	CM14-0093223		
Date Assigned:	07/25/2014	Date of Injury:	03/15/2011
Decision Date:	11/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 Occupational Medicine, and is licensed to practice in California. 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 59 year old male with a date of injury on 3/15/2011. As per the 6/4/14 report, he presented with right shoulder and right elbow pain. On exam, he had marked right elbow pain with right wrist extension. This was painful to palpation in and around the soft tissues at the elbow as well. His past surgeries have included right shoulder rotator cuff repair; Mumford procedure; release of right lateral epicondylitis with partial lateral epicondylectomy; left shoulder arthroscopy with subacromial decompression; rotator cuff repair; and distal clavicle excision. His current medications include ibuprofen, Lidoderm 5%, Lunesta, and Norco. He has been on long-term use of Lidoderm and the provider indicated that he remains with significant functional deficits in his right upper extremity and surgery is pending. The Lidoderm 5% patch was prescribed to apply for the affected area for lateral epicondylitis. His diagnoses include lateral epicondylitis, degenerative joint disease of shoulder region, and disorder of bursa of shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% 12 hrs on/off: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the California Medical Treatment Utilization Schedule guidelines, topical analgesics Lidocaine is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors, anti-depressants or antiepileptic drugs such as gabapentin or Lyrica). Other indications are considered off-label. In this case, there is no documentation of neuropathic pain. There is no evidence of trial of first line therapy. The records indicate that the patch has been prescribed for epicondylitis, which is considered off-label. Therefore, the request is not medically necessary according to guidelines.