

<b>Case Number:</b>	CM15-0002427		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/29/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 44 year old male, who sustained an industrial injury on 11/29/12. He has reported pain in right and left elbow. The diagnoses have included chronic left elbow pain, chronic right elbow pain and bilateral upper extremity dysesthesias distal to the elbows. Treatment to date has included oral medications and topical anti-inflammatories. (MRI) magnetic resonance imaging of left elbow performed on 3/7/14 revealed irregularity and early osteoarthritic changes, (MRI) magnetic resonance imaging of right elbow performed on 10/19/12 revealed a probable tear within the tendon consistent with symptoms of lateral epicondylitis. (EMG) Electromyogram studies performed were negative. Currently, the IW complains of numbness and aching in bilateral hands with not as much tingling as before. Tenderness is noted in the right lateral epicondylar area, however not in the left, and he has noted benefit from Voltaren gel. On 12/30/14 Utilization Review non-certified a prescription for 60 patches of Lidoderm with 3 refills, noting the Injured Worker did not have a diagnosis of post-herpetic neuralgia. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/6/15, the injured worker submitted an application for IMR for review of 60 patches of Lidoderm with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Patches of Lidoderm with 3 Refills:** 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 Lidoderm, Pages 56-57 Page(s): Page 56-57.

**Decision rationale:** The requested 60 Patches of Lidoderm with 3 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has complaints of numbness and aching in bilateral hands with not as much tingling as before. The treating physician has documented tenderness in the right lateral epicondylar area. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, 60 Patches of Lidoderm with 3 Refills is not medically necessary.