

<b>Case Number:</b>	CM15-0131620		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/29/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Indiana, Michigan, California  
 Certification(s)/Specialty: Family Practice

### 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 48 year old female who experienced a work related injury on April 29, 2011. Diagnoses include lesion ulnar nerve, lesion radial nerve, lateral and medial epicondylitis and cervical brachial syndrome. Treatment has involved pain management as well as right arthroscopic lateral epicondyle fasciotomy performed on July 2012. Medications used consist of Protonic, Tramadol, Lidoderm patches, Cyclobenzaprine, Ketamine cream, Diclofenac cream, Sertraline and Nortriptyline. EMG of the upper extremity performed on April 12, 2012 was normal. MRI of the right upper extremity completed on June 16, 2015 was consistent with osseous degenerative spurring, mild to moderate common extensor tendon origin tendinosis and posteromedial subcutaneous soft tissue edema. The request is for continued use of Lidoderm patch 5% 700 mg one patch every 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches 5% 700mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

**Decision rationale:** In this case, the use of Lidoderm patch is not medically necessary and appropriate. MTUS guidelines state that topical lidocaine may be recommended after there has been evidence of a trial of first line therapy with other agents such as Gabapentin or Lyrica. No documentation was found in the records revealing this. Furthermore, the injured workers records document that with the normal EMG study the pain is consistent with lateral and medial epicondylitis for which topical lidocaine is not FDA approved. The request is not medically necessary.