

Case Number:	CM15-0138119		
Date Assigned:	07/28/2015	Date of Injury:	11/30/2010
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/16/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on 11/30/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic left elbow sprain with medial and lateral epicondylitis and olecranon bursitis, chronic left wrist sprain, chronic left wrist sprain and chronic left hip sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/23/2015, the injured worker complains of pain in the left hip, left wrist, left elbow and lower back. Physical examination showed left elbow tenderness, para-lumbar tenderness and tenderness in the sacroiliac and bilateral trochanteric region. The treating physician is requesting Lidoderm patches 5% #360.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% Qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per progress report dated 5/26/15, it is noted that the injured worker has previously been tried on gabapentin and amitriptyline. However, the request is for #360 patches, which is excessive. Furthermore, the injured worker does not have neuropathic pain. The request is not medically necessary.