

Case Number:	CM15-0139240		
Date Assigned:	07/29/2015	Date of Injury:	09/23/2014
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: Texas, 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:

This injured worker is a 49-year-old female who reported an industrial injury on 9/23/2014. Her diagnoses, and or impression, were noted to include: closed fracture of the ulna, not otherwise specified. Recent magnetic imaging studies of the lumbar spine, only, were done on 11/25/2014. Her treatments were noted to include participation in a [REDACTED] Functional Restoration Program; a home exercise program; medication management; and modified work duties. The progress notes of 6/17/2015 reported that Lidoderm Patches had previously worked well in providing some pain relief at her elbow. Objective findings were not noted. The physician's requests for treatments were noted to include Lidoderm Patches for elbow pain. The medication list includes Duloxetine, tramadol, Protonix and Gabapentin, and Nabumatone. The patient sustained the injury due to slip and fall incident. The patient has had MRI of the lumbar spine on 11/25/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes. Physical examination on 3/26/15 revealed tenderness on palpation over right elbow and over low back. The patient has had decreased strength and sensation and reflexes in lower extremity. The patient had received an unspecified number of the PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch % (700mg/patch) Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch), Page(s): 56-57, 111-112.

Decision rationale: Lidoderm 5% Patch % (700mg/patch) Qty 30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anti-convulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Lidoderm 5% Patch % (700mg/patch) Qty 30 is not fully established. The request is not medically necessary.