

Case Number:	CM15-0206350		
Date Assigned:	10/23/2015	Date of Injury:	05/05/2003
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 62 year old female who sustained an industrial injury on 5-3-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lateral epicondylitis. According to the progress report dated 7-8-2015, the injured worker complained of left elbow pain. The pain radiated to the forearm. Objective findings (7-8-2015) revealed tenderness over the lateral epicondyle in the anterior aspect extending down the lateral mid-forearm. Grasp was moderately weaker on the left compared to the right. Cubital Tinel's was positive into the small digit; carpal Tinel's was positive into the long digit. Treatment has included physical therapy, bracing and medications. Motrin and Lidopro patches were refilled on 7-8-2015. The original Utilization Review (UR) (10-15-2015) denied a request for Lidopro patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2003 occurring while working as a poker dealer and resulting from repetitive card dealing. She continues to be treated for left elbow pain. She underwent surgery in March 2005 and repeat surgery is being recommended. In August 2015 there had been slow improvement in left elbow pain since beginning physical therapy. She had completed 12 treatment sessions. She was compliant with a home exercise program. When seen, medications were Lidoderm and Motrin. She was having radiating symptoms into the forearm without numbness or tingling. Physical examination findings included lateral epicondyle I'll tenderness. There was moderate a liquid on and slight medial epicondyle I'll tenderness. There was decreased grip strength. Tinel's testing at the cubital tunnel, carpal tunnel, and at Guyon's canal was positive. Medications were refilled. Although Lidoderm is being prescribed, the request was for Lidopro patches. Lidopro contains capsaicin, lidocaine 4%, menthol and methyl salicylate. Lidoderm is lidocaine 5%. These are different medications. Regardless, topical lidocaine only in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. In this case, there are other topical treatments that could be considered. The request is not medically necessary.