

Case Number:	CM15-0209640		
Date Assigned:	10/28/2015	Date of Injury:	02/27/2002
Decision Date:	12/09/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/25/2015

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: Arizona, 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 53 year old female, who sustained an industrial-work injury on 2-27-02. A review of the medical records indicates that the injured worker is undergoing treatment for chronic symptoms of bilateral wrist tendonitis and bilateral elbow lateral epicondylitis and extensor forearm myofascial pain. Treatment to date has included medication, Gabapentin (that made the injured worker groggy so it was discontinued), Lidoderm patches since at least 2-11-15, acupuncture with benefit, and other modalities. Per the treating physician report dated 6-23-15 the injured worker has returned to work. Medical records dated 6-23-15 indicate that the injured worker complains of continued pain in both wrists, forearms and elbows and the pain is now traveling up the arms. The physical exam reveals generalized tenderness over the bilateral wrists, over the dorsal aspects of the wrists and tenderness over the bilateral extensor forearms. There is tenderness over the medial and lateral epicondyle of the elbow. The neurological assessment in the upper extremities is normal. The physician indicates that he recommends the Lidoderm patches for local application over the wrists and elbows and they have not been authorized by the insurance since the 2-11-15 visit and he will start Mobic anti-inflammatory to take with food. The request for authorization date was 9-28-15 and requested service included Retro Lidoderm 5% patches #30 with a DOS of 9-28-2015. The original Utilization review dated 10-9-15 non-certified the request for Retro Lidoderm 5% patches #30 with a DOS of 9-28-2015 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidoderm 5% patches #30 with a dos of 9/28/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.