

Case Number:	CM15-0220412		
Date Assigned:	11/13/2015	Date of Injury:	05/21/2001
Decision Date:	12/24/2015	UR Denial Date:	11/09/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

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 60 year old male who sustained an industrial injury on 5-21-01. A review of the medical records indicates that the worker is undergoing treatment for bilateral and medial epicondylitis, bilateral bicipital tendinosis, right first carpal metacarpal arthralgia, and right intersection syndrome. Subjective complaints (10-6-15) include right elbow, forearm and wrist pain and that Lidocaine patches have helped decrease dysesthesias over the bilateral hands, right greater than left. It is noted he has been able to taper off Norco using the Lidoderm 5% patches (now discontinued) and that Lidocaine gel will be used to avoid reverting to stronger medications. Objective findings (10-6-15) include full active range of motion, a positive Cozen's sign bilaterally, and moderate pain over bilateral medial, and lateral epicondyles, especially with wrist resistance. Previous treatment includes Motrin, Lidoderm Patch (reported as helpful), Vicodin (discontinued), Coban wrap, and epicondyle band. The treatment plan is to continue use of the epicondyle band and Coban band, ace wrap elbow cover and Lidocaine gel. The requested treatment of Lidocaine 4% gel topically three times a day, 6 refills #1 was non-certified on 11-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% gel topically, 6 refills #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there is a longstanding diagnosis of epicondylitis which has continued to cause discomfort for years following first report of this. The provider had prescribed lidocaine for symptom-relief, which is not a typical medication used for this condition. The provider stated the lidocaine helped the dysesthesias in the hands related to this condition, which is unusual. The neuropathy was not objectively identified on physical examination in the past few notes provided for review, only a positive Cozen's and tenderness at the epicondyles. Therefore, without more objective evidence of nerve-related pain relative to the initial injury in question, the use of lidocaine would be considered medically unnecessary. Also, there was no record of having tried first-line drugs for neuropathy prior to lidocaine.