

Case Number:	CM15-0038459		
Date Assigned:	03/09/2015	Date of Injury:	12/26/2008
Decision Date:	04/10/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 male, who sustained an industrial injury on December 26, 2008. The injured worker had reported bilateral elbow and wrist pain. The diagnoses have included ulnar nerve lesion, status post right carpal tunnel release, status post left carpal tunnel release, right ulnar neuritis, left ulnar neuritis, status post repeat left carpal tunnel release, status post left ulnar nerve release and status post repeat left carpal tunnel release and ulnar nerve transposition surgery. Treatment to date has included medications, occupational therapy electrodiagnostic studies, physical therapy and multiple hand/elbow surgeries. Current documentation dated February 6, 2015 notes that the injured worker complained of left elbow pain and numbness of the left hand. The injured worker was receiving occupational therapy services, which helped with range of motion. However, he reported his pain and swelling increase after therapy. The injured worker noted functional improvement and improvement in pain with the current medication regime. Physical examination of the left upper extremity revealed tenderness over the incisional scars, decreased sensation to light touch of the left thumb, index finger, middle finger and right finger. Examination of the bilateral elbows revealed a decreased range of motion bilaterally. On February 18, 2015 Utilization Review non-certified a request for a Lidoderm 5% Patch # 30 with one refill. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm (lidocaine patch 5%) times #30 with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (No more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are status post right carpal tunnel release; status post left carpal tunnel release; right ulnar neuritis; left ulnar neuritis; status post repeat left carpal tunnel release; status post left ulnar relief; postoperative infection left wrist; status post repeat left carpal tunnel release and ulnar nerve transposition surgery. Subjectively, the injured worker complains of left elbow pain activated with gripping and grasping. There is numbness in the left hand. The injured worker uses gabapentin once nightly and denies any side effects. Overall, he notes functional improvement and improvement in pain with his current medication regimen. The medications is 5-6/10 and without pain medication 9/10. The documentation, as noted above, states the injured worker notes overall functional improvement and improvement in pain with the current medication regimen. The Neurontin was increased to 300 mg once per night due 2 tablets once per night. Lidoderm is indicated when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failed course of treatment with anti-convulsants and anti-depressants. Additionally, topical analgesics are largely experimental with few controlled trials to determine safety and efficacy. Lidoderm is a new prescription and subject to the criteria enumerated in the Official Disability Guidelines. There was no documentation as to the duration for use in conjunction with the number of hours per day. Also, there should not be a trial of patch treatments recommended for more than four weeks. Consequently, absent clinical documentation with a failed course of treatment with anticonvulsant and antidepressants, Lidoderm (lidocaine 5%) times #30 with one refill is not medically necessary.