MAXIMUS Federal Services

Case Number:	CM15-0038589		
Date Assigned:	03/09/2015	Date of Injury:	11/02/2006
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
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:

This 60-year-old male reported a work-related injury on 11/02/2006. According to the progress notes dated 11/5/14, the injured worker (IW) is bandaged on the bilateral elbows and the left hand. He states his medications keep his pain level 3/10. The IW was diagnosed with bilateral hand pain and numbness with a history of bilateral carpal tunnel release in 2001 and bilateral elbow pain with a history of lateral epicondylitis. Previous treatments included medications and physical therapy. The Utilization Review (UR) on 02/16/2015 non-certified the requested service/treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) Lidoderm patches 5% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 patches 5% #30 with three refills 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 bilateral hand pain and numbness when the history of bilateral carpal tunnel releases in 2001; and bilateral elbow pain with a reported history of lateral epicondylitis. The medical record contains 27 pages. Subjectively, from a July 30, 2014 progress note and a November 15, 2014 progress note, there are no neuropathic complaints. Objectively, there are no neuropathic signs documented in the medical record. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after evidence of a trial with first-line therapy. There are no clinical signs or symptoms indicating a neuropathic etiology are being addressed. Additionally, there is no evidence of a trial with first-line therapy that has failed. Consequently, absent clinical documentation indicating a neuropathic etiology and failure of first-line therapy, Lidoderm patches 5% #30 with three refills is not medically necessary.