MAXIMUS Federal Services

Case Number:	CM15-0053268		
Date Assigned:	03/26/2015	Date of Injury:	07/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/20/2015

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
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 43 year old female, who sustained an industrial injury on July 8, 2013. She reported tripping and falling, landing on her left elbow, with decreased range of motion (ROM) and moderate pain. The injured worker was diagnosed as having left shoulder impingement syndrome with subacromial bursitis/biceps tendonitis, left De Quervain's tenosynovitis, left elbow range of motion (ROM) limitations with history of trauma/possible trauma, left lateral epicondylitis with tenderness to palpation over lateral epicondyle, left wrist sprain with tenderness to palpation over dorsum of wrist, and left knee pain. Treatment to date has included physical therapy, bilateral epicondyle steroid injections, left shoulder MRI, cold/hot pack therapy, ankle support, wrist wrap, arm sling, pain coping skills group, bracing, and medication. Currently, the injured worker complains of left shoulder pain, left elbow pain, left wrist pain, and left knee pain, with depression and anxiety. The Treating Physician's report dated February 3, 2015, noted the injured worker reporting the pain level without medications as an 8, and with medications a 6, on a scale of 1-10. The injured worker was noted to have undergone bilateral lateral epicondyle steroid injections that offered significant pain relief of 50% pain relief of her elbow. Current medications were listed as Lidoderm patch, Ibuprofen, Norco, and Cymbalta. The cervical spine examination was noted to show range of motion (ROM) restricted, with tenderness of the left side paravertebral muscles. The left shoulder was noted to have restricted movements, tenderness to palpation of the acromioclavicular joint, biceps groove, and subdeltoid bursa, with positive Hawkins, Neer, and drop arm tests. The left elbow inspection revealed swelling, restricted range of motion (ROM), and tenderness to

palpation noted over the lateral epicondyle and olecranon process, with mild medial epicondylitis tenderness. The left wrist was noted to have restricted range of motion (ROM) with tenderness to palpation noted over the radial side, ulnar side, and anatomical snuffbox. The left knee was noted to have restricted range of motion (ROM) with tenderness to palpation noted over the patella. The treatment plans included an orthopedic referral, initiation of Lyrica use, continue Norco, Motrin, and Cymbalta, and continued prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of a Lidoderm (lidocaine patch): Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is insufficient evidence to support the use of Lidoderm as there is no evidence that the patient failed an appropriate trial of first-line therapy to include a tricyclic antidepressant or an SNRI or an AED. For this reason, Lidoderm is not considered as a medically necessary treatment.