

Case Number:	CM15-0233642		
Date Assigned:	12/09/2015	Date of Injury:	10/11/2012
Decision Date:	01/15/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male, who sustained an industrial injury on 10-11-2012. The medical records indicate that the injured worker is undergoing treatment for status post left ulnar nerve transposition times 2 (2013 and redo 2014). According to the progress report dated 10-27-2015, the injured worker presented with complaints of severe left elbow pain. On a subjective pain scale, he rates his pain 3 out of 10 with medications and 8 out of 10 without. The physical examination of the left elbow reveals positive Tinel's and hyperpathia. The current medications are Norco, Gabapentin, and Lidocaine patches (since 5-29-2015). Previous diagnostic studies include electrodiagnostic testing and MRI of the left elbow. Treatments to date include medication management, elbow support, physical therapy, acupuncture, and surgical intervention. Work status is not indicated. The original utilization review (11-12-2015) had non-certified a request for Lidocaine 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5% apply every 12 hours on/ 12 hours off #30: 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), Pain Chapter, Lidoderm (lidocaine patch).

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

Decision rationale: The claimant sustained a work injury in October 2012 when he fell backwards when the handle broke on a press machine that he was pulling. He underwent left elbow surgery with an ulnar nerve release in 2013 and revision surgery with a carpal tunnel release in 2014. Left lumbar radiofrequency ablation was done in September 2015. When seen, he had improved after the radiofrequency ablation. He had noticed right sided low back pain. Further left elbow surgery had been recommended. He was having severe left elbow pain, his left shoulder remained symptomatic, and he had ongoing left hand numbness. There was now dull left low back pressure and he had right low back stiffness and pain with twisting and hyperextension movements. Physical examination findings included positive left shoulder and Cross Arm tests. There was discomfort with range of motion. There was left elbow hyperpathia with positive Tinel's testing. There was left fourth and fifth finger hypoesthesia. There was slight lumbar tenderness with right lumbar tenderness and muscles spasms without twitch response. Norco, Lidoderm, and gabapentin were prescribed. The total MED (morphine equivalent dose) was 40 mg per day and the gabapentin dose was 1500 mg per day. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm is not medically necessary.