MAXIMUS Federal Services

Case Number:	CM14-0147254		
Date Assigned:	09/15/2014	Date of Injury:	10/11/2010
Decision Date:	10/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/10/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee, who has filed a claim for neck, upper back, bilateral shoulder, elbow, and wrist pain reportedly associated with an industrial injury of October 11, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; unspecified amounts of acupuncture; unspecified amounts of the physical therapy over the course of the claim; and epidural steroid injection therapy. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed.In an August 22, 2014, pain management evaluation, the applicant apparently presented with multifocal neck, shoulder, elbow, and arm pain reportedly attributed to prolonged sitting, typing, and lifting. The applicant stated that she avoided doing heavy exercise, household chores or yard work as a result of ongoing pain complaints. The applicant was now retired, divorced, and living with her children, it was stated. The applicant was given diagnoses of elbow epicondylitis and wrist tendonitis. Topical Lidoderm was endorsed for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch %5 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of topical lidocaine in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, it does not appear that the applicant's pain is, in fact, neuropathic or neurologic in nature. The applicant appears to have mechanical symptoms of wrist and elbow pain secondary to epicondylitis and tendonitis. There was no mention of issues with radiating pain, burning pain, lancinating pain, etc., which might call into question possible neuropathic pain. It is further noted that there was no mention of first line antidepressants and/or anticonvulsants having been trialed and/or failed here. Therefore, the request is not medically necessary.