

Case Number:	CM14-0148878		
Date Assigned:	09/18/2014	Date of Injury:	08/27/2011
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/12/2014

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 Pain Management 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 injured worker is a 39 year old female with date of injury on 08/27/2011. On 06/25/2014, she complained of left upper extremity pain. The pain was rated at 5-8/10. She has nonstop pain in her elbow that frequently goes down to the forearm. She has numbness in her small and ring fingers. She has left upper extremity weakness and cannot grasp or hold things. She has diminished sensation in her left hand as well as in the index, small, and ring fingers. She complains of left elbow pain secondary to complex regional pain syndrome symptoms. She reported increasing symptoms of depression and anxiety. She is trialing the lidocaine ointment. However, she has stated that applying it is very difficult and painful. On examination, an abnormal sensation of hyperalgesia was noted within the upper extremity on the left elbow. Hyperpathia was noted within the upper extremity on the left side and hyperesthesia was noted within the left elbow. Allodynia was also noted within the upper extremity on the left side. Her flexion was limited to 60 degrees in the left upper extremity. Her Tinel's sign was positive on the left elbow. The left medial elbow was tender to palpation. An electrodiagnostic test dated 09/28/2011 revealed mild left ulnar neuropathy across the elbow. She underwent ulnar nerve decompression and fasciotomy of the forearm on 01/13/2012. She had a tonsillectomy and hernia repair in March 2013. Her current medications include Cymbalta and lidocaine cream. She has tried gabapentin in the past, which has caused both dizziness and fatigue. Her diagnoses include shoulder-hand syndrome; chronic pain syndrome; lesion of ulnar nerve; and complex regional pain syndrome, type II, upper limb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization guidelines, topical analgesics (lidocaine) are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitors, anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Therefore, Lidocaine 5% Ointment is not medically necessary.