

Case Number:	CM14-0099704		
Date Assigned:	07/28/2014	Date of Injury:	01/03/2013
Decision Date:	10/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 55-year-old female who reported an injury on 01/03/2013 while pushing a gurney that was occupied when she felt a pop to her right arm. The injured worker complained of right arm tingling, which was continuous, and right elbow pain. The injured worker had a diagnosis of lateral epicondylitis. Past treatments included 6 visits of physical therapy, medication, and injections at the cervical site. The MRI to the right elbow revealed right elbow lateral epicondylitis. The physical findings dated 02/04/2014 of the right elbow revealed extension 5/5, elbow supination 5/5, elbow pronation 5/5, swelling negative, ecchymosis negative, and JAMAR 25%. The medication included lidocaine, transparent dressing. The treatment plan included modified work, return in 6 weeks, and Lidoderm cream. The request for authorization was not submitted within documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Cream 3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for Lidoderm Cream 3% is not medically necessary. California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The request did not indicate the frequency, dosage, or duration. The guidelines indicate that Lidoderm is a designated orphan status drug with the FDA and only approved for diabetic neuropathy. As such, the request is not medically necessary.