

<b>Case Number:</b>	CM15-0178211		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/11/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 46 year old male who sustained an industrial injury on 12-11-09. A review of the medical records indicates he is undergoing treatment for chronic right elbow pain - status post right cubital tunnel release on 9-19-11, chronic right medial epicondylitis and lateral epicondylitis, chronic right wrist pain - status post right wrist arthroscopy with TFCC debridement on 3-3-11, and chronic left elbow medial epicondylitis without lateral epicondylitis. Medical records (6-19-15 to 7-7-15) indicate complaints of right wrist, right elbow, and left elbow pain. No pain rating or description of the pain is indicated in the records. The physical exam (7-7-15) reveals tenderness of the right wrist, as well as right medial and lateral epicondylar tenderness and left medial epicondylar tenderness without lateral epicondylar tenderness. Diagnostic studies have included MRIs of the right wrist and right elbow, as well as an arthrogram of the right wrist. Treatment has included the above-noted surgical procedures and medications. His medications include Voltaren gel, Amitriptyline, and Ibuprofen. The injured worker is not currently (7-7-15) working. The treatment plan includes Lidoderm pain patches, 1-3 per day, #90 with three refills for chronic peripheral pain. The utilization review (8-14-15) indicates denial of the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5% apply 1 to 3 per day #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the medical records submitted for review, it was noted that the injured worker had failed treatment with amitriptyline. I respectfully disagree with the UR physician's assertion that there was no documentation of first-line therapy having been tried. The request is indicated for the injured worker's wrist pain. The request is medically necessary.