

Case Number:	CM15-0062503		
Date Assigned:	04/08/2015	Date of Injury:	05/11/2009
Decision Date:	05/08/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/02/2015

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

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 50-year-old female, who sustained an industrial injury on May 11, 2009. The injured worker was diagnosed as having left lateral epicondylitis, left radial tunnel syndrome, left medial epicondylitis, and left cubital tunnel syndrome. Treatment to date has included right lateral epicondyle debridement, right carpal tunnel release, x-rays, MRI, electrodiagnostic study, and medication. Currently, the injured worker complains of progressive left elbow pain, and paresthasias in the left ulnar nerve distribution. The Treating Physician's report dated February 26, 2015, noted significant tenderness over the left lateral epicondyle as well as the radial tunnel with pain with resisted wrist extension, middle finger extension, and forearm supination. The injured worker was noted to have tenderness over the medial epicondyle with pain with resisted wrist flexion, and tenderness over the cubital tunnel with positive Tinel and flexed elbow compression test. X-rays were noted to reveal mild degenerative joint disease at the elbow, with MRI confirming the common extensor tendinosis with cyst at the ligament. Electrodiagnostic studies were noted to show evidence of cervical radiculopathy. The Physician recommended elbow extension splinting, and a course of therapy and anti-inflammatories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 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 9792.20 - 9792.26 MTUS (Effective July 18, 2009), pages 111-113 of 127 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidopro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for, "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is, "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)." Additionally, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Lidopro is not medically necessary.