

Case Number:	CM14-0147762		
Date Assigned:	09/15/2014	Date of Injury:	04/13/2013
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 58 year-old male who was reportedly injured on April 13, 2013. The mechanism of injury is noted as a slip and fall type event. The most recent progress note dated August 20, 2014, indicates that there were ongoing complaints of elbow pain. The physical examination demonstrated a 5'10", 250 pound individual in no acute distress. Diagnostic imaging studies reportedly identified a tear of the common extensor tendon. Previous treatment includes physical therapy, multiple medications, prolotherapy and other pain management interventions. A request was made for topical lidocaine and was not certified in the pre-authorization process on September 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% topical gel 100g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or

anti-epilepsy medications. Based on the clinical documentation provided, there is a slip and fall type event and a suggestion of a possible lateral epicondylitis. However, there is no objectification that this preparation has increased functionality or decrease symptomology. There is no objectified efficacy or utility with uses preparation. As such, the request is not medically necessary.