

<b>Case Number:</b>	CM13-0039596		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	10/21/2012
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 has a subspecialty in Interventional Spine 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:

This patient was injured on 10/21/12. She has been diagnosed with bilateral wrist tendinitis and right CTS with negative NCS; right thumb sprain; and thoracolumbar strain and DDD L5/S1; and psych and sleep disorders. According to the undated PR2 from [REDACTED], the patient presents with 4/10 right wrist, mid and low back pain. had carpal tunnel injection on 8/17/13. [REDACTED] recommended Lidoderm patches and chiropractic care. On 9/18/13, UR recommended non-certification for the Lidoderm patches and modified the chiropractic care to allow 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 LIDODERM PATCH 5% WITH 1 REFILL THRU [REDACTED]:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**Decision rationale:** The patient presents with CTS and thoracolumbar pain. I have been asked to review for Lidoderm patches. MTUS guidelines states these are indicated for: "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)." The initial report was by [REDACTED] on 10/22/12 and he reports treating with naproxen, thumb spica and cold/hot packs. The 1/4/13 initial report from [REDACTED] does not mention medications. The medical reports from [REDACTED] did not mention trials of first line therapy, TCAs, SNRIs, or AEDs. The request for Lidoderm patches is not in accordance with MTUS guidelines.

**8 CHIROPRACTIC SERVICES THRU [REDACTED]: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30,58.

**Decision rationale:** The patient presents with CTS and thoracolumbar pain. Utilization Review (UR) had modified the request for chiropractic care to allow 6 sessions. I have been asked to review for chiropractic care x8 sessions. MTUS does not recommend chiropractic care for the wrist/carpal tunnel syndrome, but does offer support for a trial for the low back. MTUS for chiropractic care states: "Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The initial request for chiropractic care x8 sessions will exceed the MTUS recommendation for a chiropractic trial.