

Case Number:	CM13-0044027		
Date Assigned:	12/27/2013	Date of Injury:	05/03/2011
Decision Date:	05/28/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 46 year old female who sustained an industrial injury on 05/03/2011. The patient injured her neck and right hand while holding back a large table from falling and her hands were pulled down. She felt immediate pain in her neck which radiated down into her right hand. Her diagnoses include myofascial pain, right shoulder impingement, right lateral epicondylitis and right carpal tunnel syndrome. She complains of constant right arm pain. On exam there is pain to palpation of the right lateral epicondyle and pain with range of motion of the right shoulder with positive impingement sign and positive cervical trigger points. Treatment Final Determination Letter for IMR Case Number [REDACTED] has included medical therapy, injection therapy, and acupuncture. The treating provider has requested Lidoderm patches, and continued acupuncture treatments to the right elbow, neck and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The MTUS Chronic Pain Guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating the use of Lidocaine patches. Per the MTUS Chronic Pain Guidelines, Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The medication is only FDA approved for post-herpetic neuralgia. There is no documentation of intolerance to other previous treatments. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary and appropriate.

ACUPUNCTURE TO THE RIGHT ELBOW, CERVICAL, AND WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Guidelines, acupuncture is generally not recommended for more than 8-12 sessions. Further treatments require evidence of clinically significant objective and functional improvement. The documentation indicates the claimant has had a total of 24 sessions and there is no documented evidence of clinically significant objective or functional benefit. Per recent reports the claimant has reached a plateau with no expectation of further improvement. Medical necessity for the requested treatments has not been established. The requested acupuncture treatments are not medically necessary and appropriate.