

Case Number:	CM13-0053262		
Date Assigned:	12/30/2013	Date of Injury:	04/25/2012
Decision Date:	03/20/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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 physician 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 patient is a 44-year-old male who reported an injury on 04/25/2012. The mechanism of injury was a repetitive injury. The patient complained of pain in both forearms. The patient described the pain as aching, burning, numb, sharp, shooting, and throbbing. On the right side, the patient noted pain and numbness from the ulnar nerve distribution. On the left side, the patient noted numbness and tingling in the fingers, especially when hyperextended. The numbness and tingling improved right after hand surgery, but was still present in the left. The pain is worse during the morning. The patient noted during the day, the pain worsens when he is at the computer and doing repetitive tasks. The patient also reported that pain was noted when he puts pressure on his forearm or left volar carpal tunnel area. The pain is also worse when he bends his right elbow. The pain was improved with therapy, contrast bath, and stretching. The patient was not taking any medications and participated in 12 physical therapy sessions pre-surgery and 12 physical therapy sessions postsurgically. There was tenderness to palpation over the right palmar wrist over the scar. The patient had full range of motion. The patient tested positive for bilateral carpal tunnel syndrome. The patient was diagnosed with bilateral carpal tunnel syndrome and repetitive strain injury in the neck and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Patches of Lidoderm (with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <<Authority Cited>>.

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

Decision rationale: CA MTUS states lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). The patient complained of bilateral wrist pain. However, the clinical documentation does not indicate the patient had a trial of a tricyclic, SNRI antidepressant, or antiepileptic drug. Given the lack of documentation to support guideline criteria, the request is non-certified.