

Case Number:	CM13-0060422		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2013
Decision Date:	04/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine and is licensed to practice in Maryland. 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 patient is a 23 year old female with a date of injury on January 7, 2013. Diagnoses include bilateral carpal tunnel syndrome, de Quervain's tenosynovitis, cubital tunnel syndrome, and right radial tunnel syndrome. Subjective complaints are of bilateral wrist and elbow pain without numbness or tingling. Physical exam shows mild synovitis of the right wrist, with no hypersensitive areas or scars, decreased right grip strength, full range of motion, positive right Finkelstein test, and negative Tinel and Phalen's test. An Electromyogram (EMG) and Nerve Conduction Velocity (NCV) from April 25, 2013 was normal for the upper extremities. A left wrist MRI showed triangular fibrocartilage complex (TFCC) thinning, and a right wrist MRI showed degenerative changes. Treatments included physical therapy, acupuncture, bracing, and chiropractic care. Medications included Norco, tramadol, and naproxen. Records note that oral medication caused stomach problems. There is no evidence in the submitted documentation that shows a trial of first line anti-epileptic drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) TUBE OF LIDODERM CREAM, 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Lidoderm Page(s): 56.

Decision rationale: The California MTUS Guidelines recommend Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first-line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post- herpetic neuralgia or for localized peripheral pain. Therefore, the medical necessity of Lidoderm is not established.