

Case Number:	CM13-0069340		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2006
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Sports Medicine 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 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 63-year-old female who reported an injury on 02/28/2006 due to cumulative trauma while performing normal job duties. The injured worker reportedly developed bilateral carpal tunnel syndrome. The injured worker's chronic pain was managed with medications to include Cymbalta 60 mg, Inderal 20 mg, Lidoderm patches, omeprazole 20 mg, Percocet 10/325 mg and Wellbutrin 100 mg. The injured worker's treatment history included a de Quervain's tenosynovectomy, bilateral carpal tunnel release, psychological support, and biofeedback therapy. The injured worker was evaluated on 12/22/2013. It was documented that the injured worker had ongoing pain complaints of the bilateral wrists. Physical findings included 5-/5 muscle strength of the bilateral fingers with significant findings for lateral epicondylitis with provocative and passive maneuvers and minimal findings of de Quervain's tenosynovitis. The injured worker's diagnoses include bilateral ulnar neuropathy, carpal tunnel syndrome, de Quervain's tenosynovitis bilaterally, bilateral medial epicondylitis, and depression. The injured worker's treatment plan included continuation of medications, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% ONE PATCH TO SKIN 12 HOURS ON 12HRS #30 WITH 3 REFILLS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Topical Analgesics Page(s): 111-113.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends the topical use of Lidoderm when patients have failed to respond other first line anticonvulsants. The clinical documentation fails to provide any evidence that the injured worker has undergone a trial of first line anticonvulsants. Additionally, the clinical documentation submitted for review fails to provide any evidence of significant pain relief or functional benefit as a result of medication usage. Therefore, ongoing use of this medication would not be supported. As such, the requested Lidoderm 5% one patch to skin 12 hours on and 12 hours off #30 times 3 refills is not medically necessary or appropriate.