

Case Number:	CM14-0003576		
Date Assigned:	06/11/2014	Date of Injury:	07/09/2002
Decision Date:	12/08/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/09/2014

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 Arizona. 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:

Patient is a 47 year old female with a date of injury on 7/9/2002. Subjective complaints are of bilateral wrist pain. Physical exam shows a positive Tinel's at the right elbow, and positive Tinel's and tenderness over the right wrist. The left wrist shows a positive Tinel's and Phalen's sign and tenderness. Medications include Norco, Lidoderm, Naproxen, Voltaren gel, Soma, and Trazodone. Records indicate that the Lidoderm and Voltaren are used at work as to minimize use of narcotics in the day.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISPRODOL Page(s): 29; 63-6.

Decision rationale: CA MTUS does not recommend Carisoprodol. This medication is not indicated for long-term use. This medication is only recommended for a 2-3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. This patient has used Carisoprodol

chronically, which is not consistent with current guidelines. For these reasons, the use of Carisoprodol is not medically necessary.

LIDODERM PATCH 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

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

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of Lidoderm is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For this patient, submitted documentation does not provide evidence for post-herpetic neuralgia or objective evidence consistent with neuropathic pain that would be amendable to topical Lidocaine. Therefore, the medical necessity for Lidocaine patches is not established.

VOLTAREN 1% 100G GEL #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS,.

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

Decision rationale: CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient, documentation indicates this medication is to be used on the elbow and wrists. Therefore, the medical necessity for topical Voltaren is established.