MAXIMUS Federal Services

Case Number:	CM14-0009386		
Date Assigned:	04/09/2014	Date of Injury:	09/05/2007
Decision Date:	06/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/24/2014

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 Practice, and is licensed to practice in California and Virginia. 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 61 year-old male who is reported to have sustained work related injuries on 11/05/07. The patient is noted to have right upper extremity pain secondary to carpal tunnel syndrome. He is status post a right carpal tunnel release with some improvement in symptoms. The patient is noted to have a positive Tinel's on the right, acquired secondary torticollis, chronic pain, decreased Abductor Pollicis Brevis (APB) strength, decreased strength in the hand instrinsics, and possible right C6 radiculopathy. Electromyogram Nerve Conduction, EMG/NCV studies dated 03/01/13 indicate the presence of a mild bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows with no evidence of cervical radiculopathy. The progress report indicates more than 24 sessions of physical therapy, injection therapy, chiropractic treatments, and medication management have been complete. The request is for Lidoderm Patches 5% and Tizanidine 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCHES: 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 Patches Page(s): 56-57.

Decision rationale: The patient is a 61 year-old male who is reported to have sustained work related injuries on 11/05/07. The patient is noted to have right upper extremity pain secondary to carpal tunnel syndrome. Per California Medical Treatment Utilization Schedule topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an Atypical Antidepressant (AED's) such as Gabapentin or Lyrica). Lidoderm is not a first-line treatment and 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. At present, there is no data presented which indicates the patient has failed a first line therapy. As such medical necessity has not been established and the prior determinations are upheld.

TIZANIDINE 4MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The injured worker is a 61 year-old male who is reported to have sustained work related injuries on 11/05/07. Reports of right upper extremity pain secondary to carpal tunnel syndrome and acquired torticollis are documented. Serial physical examinations indicate the patient has chronic myospasm resulting in a head list indicative of torticollis. As such, this medication is clinically indicated to reduce the pain and myospasm and improve cervical range of motion. As such, medical necessity is established under the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines for muscle relaxants.