

Case Number:	CM14-0161611		
Date Assigned:	10/07/2014	Date of Injury:	06/09/2009
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 64-year-old woman who sustained a work-related injury on June 9, 2009. Subsequently, she developed chronic hands and fingers pain. In a follow-up report, dated September 18, 2014, it has been indicated that past treatment has included physical therapy, brace, and medications (ibuprofen, Lidoderm patch). EMG/NCS in the past identified bilateral carpal tunnel syndrome. It has been recommended that she undergo carpal tunnel release. Physical examination revealed mild swelling of the wrist. There is no significant tenderness over the first dorsal compartment. Finkelstein's testing is negative. Tinel's testing is also negative. However, Phalen's testing elicits paresthesias involving primarily the thumb and index digits. There were diagnoses of bilateral lateral epicondylitis, left-sided DeQuercain's tenosynovitis, and bilateral carpal tunnel syndrome. The provider request authorization for Ibuprofen, Methocarbamol, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800MG 1 tablet by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, Page(s): 107.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Chronic Pain Medical Treatment Guidelines chapter, nonselective non-steroidal anti-inflammatory drugs (NSAIDs) section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation of objective functional benefit with prior use of this medication. There is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. Therefore, the prescription of Ibuprofen 800mg #60 is not medically necessary.

Methocarbamol 750mg by mouth once a day #30: Upheld

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..

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, a non sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic cervical pain and spasm. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no documentation of recent muscle spasms and the prolonged use of muscle relaxants is not justified. The prescription of Methocarbamol 750mg is not justified. The request is not medically necessary.

Lidoderm %5 patch 12 hours on and 12 hours off: 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 (lidocaine patch), Page(s): 56.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 antiepileptic drugs AED such as gabapentin>>). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch 5% is not medically necessary.