

<b>Case Number:</b>	CM14-0027594		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	04/01/2005
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 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 applicant is a represented [REDACTED] employee with a reported date of injury of 04/01/05. The applicant is a 67 year old female with a diagnosis of carpal tunnel syndrome, status post carpal tunnel release surgery. In the most recent clinical note available dated 11/18/13 by [REDACTED] it was noted that the applicant previously had an episode of bad shoulder pain extending to the neck and other side. She had taken Flexeril and used an over the counter patch, Lidoderm. She noted the pain eventually subsided however she continued with pain in the hands, wrist, and forearm. She was also taking Vicodin ER. On physical examination, it was noted that applicant remained tender in the right arm in the same areas as before. There was triggering of the right ring finger. Impression was chronic hand pain status post surgery. Recommendations from [REDACTED] included continuing Vicodin ER and Lidoderm patch and returning to clinic in two months. There were no newer clinical notes available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICODIN ES #120, DATE OF SERVICE 11/18/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 74-81.

**Decision rationale:** The most recent clinical note available for review is dated 11/18/13. In this note, the treating provider notes that applicant is taking Vicodin ER for her hand, wrist, forearm and shoulder pain. Physical exam was limited and did not reveal significant findings. There were no urine drug screens ordered and no documentation of pain scores which would substantiate the need for continued opioids. There was no documentation of how long claimant has been using the opioids, risk assessment profile or signed pain contracts, as recommended per guidelines. Therefore, the Vicodin ER #120 would not be recommended as medically necessary.

**LIDODERM PATCHES 5% APPLY 12 HOURS ONE BOX DATE OF SERVICE**

**11/18/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57,111-112.

**Decision rationale:** As per CA MTUS guidelines, topical analgesics such as Lidoderm are recommended as an option in certain circumstances and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine is recommended for peripheral pain after a trial of first line therapy (tri-cyclic or SNRI antidepressants or an AED) has failed. There was no documentation in the clinical note of 11/18/13 that other first line therapy has been tried. There was also no documentation in the clinical note of 11/18/13 that the applicant was having a flare up of symptoms. It was noted that the applicant had previously had an episode of right shoulder pain when last seen on 09/16/13, but there was no mention of a current exacerbation of symptoms. Therefore, Lidoderm patches 5%, apply q 12 hours, one box would not be recommended as medically necessary.