MAXIMUS Federal Services

Case Number:	CM14-0041226		
Date Assigned:	06/27/2014	Date of Injury:	08/29/2011
Decision Date:	07/23/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine and is licensed to practice in California. 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 female with date of injury 8/29/2011. Per progress report and request for authorization dated 3/17/2014, the injured worker continues to have symptoms of numbness and tingling in both of her hands and it seems to be worse in the left hand. On exam she has decreased light-touch sensation in the bilateral median nerve distributions. Phalen's is markedly positive, as is Durkan's, left greater than right. Tinel's is also positive on the left. Diagnoses include 1) bilateral carpal tunnel syndrome, active. 2) status-post right carpal tunnel release, carpal tunnel flexor tenosynovectomy, and de Quervain's release on 8/13/2012. 3) residual right superficial radial neuralgia. 4) chronic right shoulder pain status-post subacromial decompression, subscapularis repair, distal clavicle excision, and superior labral debridement on 5/23/2012 (non-industrial).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56, 57.

Decision rationale: The MTUS Guidelines recommend the use of Lidoderm patch for localized peripheral pain after there has been evidence of a trial of first-line therapy such as tri-cyclic anti-depressant, SNRI (Serotonin and Norepinephrine Reuptake Inhibitor) anti-depressant, or an AED (Antiepileptic Drugs) such as gabapentin or Lyrica. It is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical documentation does not provide evidence of failure of first-line therapy prior to utilizing Lidoderm patch. Additionally, the medical documentation does not address the efficacy of the use of Lidoderm patch in this injured worker. Furthermore, this request does not describe how many Lidoderm patches are to be dispensed.The request for Lidoderm patch is determined to not be medically necessary.

Relafen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The injured worker has been taking over the counter ibuprofen, and this prescription was provided to replace the over the counter NSAID. She had taken Relafen previously, and it was reported that the Relafen provided minimal benefit. There is no indication that she is now experiencing an acute exacerbation where short term use of NSAIDs may be indicated. Furthermore this request does not describe how many tablets are to be dispensed.The request for Relafen 500 mg is determined to not be medically necessary.