

Case Number:	CM14-0041904		
Date Assigned:	07/09/2014	Date of Injury:	06/09/2008
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic Surgery 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:

This is a 56 year-old female who sustained an industrial injury on 6/9/2008 that involved her neck and her right upper extremity. The patient had a right carpal tunnel release in March 2010. In addition to her hand, she is also complaining of neck pain, right shoulder pain, and right wrist pain. In addition to Norco, Ibuprofen, Gabapentin, Zanaflex, Triamterene, and Effexor, she is also using Lidoderm patches 1 every 24 hours. In examination on 3/17/2014 the patient is complaining of decreased sensation over the medial aspect of her right fourth finger with stiffness in her hand. The treating physician is asking for a continuation of the Lidoderm patches plus electrodiagnostic studies of the hand.

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 Anti-Inflammatory Medications, NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 22; 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Lidoderm is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy and it is only FDA approved for post herpetic neuralgia. Research is needed to recommend this treatment for chronic neuropathic pain other than post herpetic neuralgia. This patient's pain is quite extensive involving her neck and right upper extremity. It is not localized. It is not secondary to post herpetic neuralgia. The patient is on first line therapy for her pain but there is no documentation why this is not adequate and why she needs the addition of Lidoderm. The patient has been on Lidoderm for a while and there is no documentation of its effect on the patient. Taking all these into consideration, the medical necessity for Lidoderm patches has not been established.

EMG for Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome >, <electrodiagnostic studies.

Decision rationale: This patient complains of numbness on the medial aspect of the fourth finger. She has had a carpal tunnel release in the past. The only other documented finding is some stiffness in her hand when she goes to make a fist. There are no other tests for Carpal Tunnel Syndrome documented nor is there a recent history compatible with recurrent Carpal Tunnel Syndrome. The ACOEM mentions Electrodiagnostic Studies in difficult cases to distinguish radiculopathy from entrapment. The Official Disability Guidelines (ODG) recommends it in patients with clinical signs of Carpal Tunnel Syndrome who may be a candidate for surgery. Electrodiagnostic testing includes testing for nerve conduction velocity, but the addition of electromyography is not generally necessary unless one is distinguishing between demyelinating and axonal neuropathy. Therefore, since there is no documentation to justify electromyography, the medical necessity for this study has not been established.

NCS for Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Functional Improvement. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: This patient has numbness on the medial aspect of her fourth finger plus stiffness when she goes to make a fist. She has no other signs or symptoms documented for Carpal Tunnel Syndrome. She has had a carpal tunnel release in the past. The Official Disability Guidelines (ODG) recommend electrodiagnostic studies if surgery is contemplated. ACOEM mentions it as a way of distinguishing between Carpal Tunnel Syndrome and

radiculopathy or other peripheral nerve conditions. There is a lack of documentation of other signs or symptoms suggestive of Carpal Tunnel Syndrome or radiculopathy. There is no documentation of objective versus subjective numbness. Therefore, without this documentation, the need for nerve conduction studies has not been established.