

<b>Case Number:</b>	CM14-0056892		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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:

This is a 53-year-old female with a date of injury of 8/29/11. The mechanism of injury was not noted. On 3/3/14, she complained of numbness and tingling in both hands and poor grip strength on the right. Physical exam findings included positive Phalen's and Tinel's bilaterally at the wrists. She is s/p right carpal tunnel release, carpal tunnel flexor tenosynovectomy, deQuervain's release performed on 8/13/12, and chronic right shoulder pain. Treatment to date: physical therapy, surgery, and medication management. A UR decision dated 3/25/14 denied the requests for Lidoderm patches and Relafen. The rationale for the 3/25/14 decision was not noted.

### 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 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that 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 or Lyrica). Official Disability Guidelines (ODG) states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, although the patient apparently has been on Lidoderm patches for some time, the request for Lidoderm patch does not specify quantity. Therefore, the request for Lidoderm Patch was not medically necessary.

**Relafen 500mg between 3/17/2014 and 5/5/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, page 67 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states that Non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, although the patient has been on Relafen since 12/17/13, the request as submitted does not have a quantity. Therefore, the request for Relafen 500mg between 3/17/14 and 5/2/14, was not medically necessary.