

Case Number:	CM14-0064607		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2011
Decision Date:	09/12/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 38 year-old with a date of injury of 08/30/11. A progress report associated with the request for services, dated 02/06/14, identified subjective complaints of hand pain radiating into the shoulders. Objective findings included some swelling, but no neurologic changes. Diagnoses included bilateral carpal tunnel syndrome. Treatment had included a carpal tunnel release in May of 2012, and NSAID therapy. It was unclear whether there had been previous physical therapy. A Utilization Review determination was rendered on 04/29/14 recommending non-certification of "PT or OT x 18 sessions and Lidocaine Patch".

IMR ISSUES, DECISIONS AND RATIONALES

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

PT or OT x 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain

improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for wrist strain and pain, 9 visits over 8 weeks are recommended. The patient is outside the postoperative period for a carpal tunnel repair. 18 sessions of PT and OT are requested, which exceeds the recommended number of visits. Therefore, the record does not document the medical necessity for 18 PT/OT sessions. The request is not medically necessary.

Lidocaine Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm.

Decision rationale: A lidocaine patch is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use:- Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology;- There should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica);- This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints;- An attempt to determine a neuropathic component of pain should be made;- The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day);- A trial of patch treatment is recommended for a short-term period;- Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, there is no documentation of the neuropathic component of the pain or failure of conventional first-line therapy. Therefore, the medical record does not document the medical necessity of a lidocaine patch. The request is not medically necessary.