

<b>Case Number:</b>	CM14-0066054		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 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:

25 pages were provided for review. The application for the IMR signed on May 9, 2014. There was an encounter on April 21, 2014 from [REDACTED]. There was bilateral wrist pain. She had a history of bilateral carpal tunnel decompression and left carpal tunnel surgery, myofascial pain syndrome in the bilateral cervical brachial region and proximal bilateral upper extremities, and bilateral lateral epicondylitis. She has completed a functional restoration program. She had six sessions of massage therapy. She had 50% improvement in her pain with massage therapy. She continued on Cymbalta, Zoloft and Lunesta with reportedly good relief. No objective functional improvements however are documented in the records. The diagnosis is reportedly reflex sympathetic dystrophy of the left upper extremity [although no Hardin Criteria signs are noted], degeneration of the cervical disc and carpal tunnel syndrome on the left. The neurologic exam was reported as normal. There was a normal gait. The plan was for Lidocaine 5% ointment and other medicines. There was a review from Monday, May 5, 2014. She is a 63-year-old female injured on September 24, 2004. There were requests for refills on ketamine 5%, Cymbalta, Lunesta and Zoloft and topical lidocaine 5%. She is status post right carpal tunnel release in 2001 and left release in 2004 and 2006. She graduated from functional rehabilitation in 2007. She goes to school one day a week without severe pain. There is normal strength and tone in the upper and lower extremities. The previous records do not show what the first and second line treatment options have been that have failed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% #2 with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 112 of 127 Page(s): 112 of 127.

**Decision rationale:** Forms of topical Lidocaine per the MTUS are 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 AED such as gabapentin or Lyrica). It is not known what topical agents had been tried and failed on this case. Moreover, topical Lidocaine is also used off-label for diabetic neuropathy. There is no mention of diabetes in this case. Also, the MTUS notes that non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics, but there is no evidence of itch, or a local lesion that would benefit. It also notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Moreover, in February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. It is not clear that these risks were disclosed to the patient. The request was appropriately non-certified.

**1 Follow Up visit in 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,268. Decision based on Non-MTUS Citation Official Disability Guidelines: Chronic Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper extremities, and low back, under Office visits.

**Decision rationale:** The MTUS is silent on office visits. The ODG notes they are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this claimant's case, it is not clear what the goals for a repeat visit would be, given the overall goals of the MTUS is to move the patient to self-care. The request was appropriately non certified.