

<b>Case Number:</b>	CM14-0091182		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	10/31/1994
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 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 (IW) is a 52-year-old woman who was working as an electronic records specialist. Her dated of injury is October 31, 1994. The mechanism of injury was not documented in the medical records provided. Progress report dated March 31, 2014 indicated that the IW is still working full-time. She reports pain and indicates that the knees are more bothersome than the wrists. She is being provided acupuncture. The IW had therapy one month ago and Lidocaine patches. She prefers not to take medications due to the side effects and states that the acupuncture and the Lidopro lotion help her to function and continue working. The IW complains of pain in the wrist and elbows, right more than left. She has pain along the base of the thumb with numbness and tingling. Without acupuncture, the IW reports numbness and tingling in the hands that is constant. The IW had braces; however, she has moved recently and has lost them. Progress report dated May 5, 2014 indicates that the IW has pain and tenderness to palpation over the first extensor carpometacarpal joint bilaterally. She has swelling throughout the thumb and at the base of the wrist. Diagnoses include: Bilateral carpal tunnel syndrome, right greater than left; and cubital tunnel syndrome, left greater than right. Treatment plan is for Lidoderm patches and 12 sessions of acupuncture. The IW will continue with hot and cold wraps. The provider also requests a thumb spica splint, carpal tunnel brace bilaterally, and soft brace bilaterally as the IW misplaced them in a move. On May 5, 2014, the IW received a prescription for 12 sessions of acupuncture sessions, as well as thumb splints, carpal tunnel brace, soft tissue braces, and Lidoderm patches. All of the items were given to the IW on May 5, 2014. She was advised to avoid repetitive use of upper extremities, forceful pushing, pulling, and lifting. She may continue working as tolerated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Carpal tunnel braces bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Carpal tunnel syndrome procedure summary last updated 02/20/2014

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome

**Decision rationale:** Pursuant to the California Chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, carpal tunnel braces and soft tissue braces are not medically necessary. The guidelines indicate that scientific evidence supports the efficacy of neutral wrist splints. In this case, the injured worker was initially provided with bilateral carpal tunnel braces as well as soft braces prior to documentation in a May 31, 2014 progress note. The injured worker had been using braces for the carpal tunnel syndrome, however the injured worker recently moves and claims to have misplaced or lost them. There is a follow-up note dated May 5 of 2014 where the treating physician again approved and provided bilateral carpal tunnel braces and soft tissue braces. There is no indication for additional braces because the injured worker was provided with multiple wrist braces in the past. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines replacement carpal tunnel braces and soft braces are not medically necessary.

**Soft braces bilaterally:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation: Carpal tunnel syndrome procedure summary last updated 02/20/2014

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was provided with multiple wrist braces in the past. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines replacement carpal tunnel braces and soft braces are not medically necessary.

**Lidoderm patches 5% QTY: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics; Lidocaine

**Decision rationale:** Pursuant to the California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches 5%, #30 are not medically necessary. According to the guidelines, topical analgesics are largely experimental with few randomized controlled trials to determine safety and efficacy. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, lidocaine is indicated after there has been evidence of a first-line therapy. In this case, the injured worker has continued pain at the affected thumb and hand. A review of the medical record fails to show evidence of first-line treatment with an oral antidepressant or anticonvulsant. Furthermore, lidocaine topical is an "N" on the ODG formulary. The guidelines do not support topical lidocaine (Lidoderm patch) because there is no evidence proving safety and efficacy and no evidence of first-line treatment with antidepressants and anticonvulsants. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Lidoderm patches 5%, #30 are not medically necessary.