MAXIMUS Federal Services

Case Number:	CM14-0161639		
Date Assigned:	10/07/2014	Date of Injury:	08/30/2011
Decision Date:	01/30/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/02/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic hand, wrist, and thumb pain reportedly associated with an industrial injury of August 30, 2011.In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Protonix, acupuncture, tramadol, and Lidoderm patches. The claims administrator referenced progress notes of July 1, 2014 and August 5, 2014 in its denial. The claims administrator suggested that the applicant was using Naprosyn, tramadol, Protonix, and Lidoderm.The applicant's attorney subsequently appealed.In the IMR application, however, the applicant's attorney specifically appealed the Lidoderm patch denial.On September 11, 2014, the applicant reported ongoing complaints of hand and wrist pain. The note was very difficult to follow and mingled historical complaints with current complaints. The applicant had a history of having received extensive prior occupational therapy and acupuncture through other providers. The applicant was diabetic, it was acknowledged. The applicant was given diagnoses of de Quervain tenosynovitis, early thumb arthritis, finger tendinitis, tenosynovitis of the wrist, and carpal tunnel syndrome. The applicant was given corticosteroid injections for purported carpal tunnel syndrome. The applicant's work status was not provided.On August 7, 2014, Naprosyn, tramadol, Protonix, and Lidoderm were refilled. Work restrictions were endorsed. It did not appear that the applicant was working with a rather proscriptive 20-pound lifting limitation in place. The applicant's primary pain complaints were thumb and wrist pain. The applicant had completed 42 sessions of acupuncture and 18 sessions of physical therapy, the treating provider posited. Large portions of progress note comprised of preprinted checkboxes, with little to no narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical LidocainePain Mechanisms Page(s): 112; 3.

Decision rationale: 1. No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here.While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no evidence of anticonvulsant adjuvant medication and/or antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Furthermore, page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by numbing, tingling, electric, shock-like, and/or burning sensations. In this case, per the handwritten progress note of August 7, 2014, it appeared that the applicant's primary pain generator were thumb pain secondary to thumb arthritis and wrist pain secondary to de Quervain tenosynovitis. Neither of these diagnoses are traditionally associated with neuropathic pain. Therefore, the request was not medically necessary.