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| Case Number: | CM14-0180069 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 05/11/2010 |
| Decision Date: | 01/29/2015 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 10/29/2014 |

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 Family 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 59 year old male patient who sustained an injury on 05/11/2010. He sustained the injury while stepping out of the van he extended his right foot out, he twisted his right ankle and fell backward, he then extended his left wrist to catch his fall but landed on his buttocks. The current diagnoses include bilateral carpal tunnel syndrome. Per the doctor's note dated 10/1/2014, patient had complaints of pain with activity involves use of his hands with intermittent numbness, moderate to severe weakness, and swelling. Physical examination of the left wrist revealed full range of motion, no tenderness, positive Tinel's and Phalen's sign and pain with eversion. The medications list includes amlodipine, aspirin, atenolol, atorvastatin, diazepam, norco, lisinopril-hydrochlorothiazide, neurontin, nabumetone, zolpidem and lidoderm patches. He has had an EMG/NCV of the right upper extremity dated 5/7/2014 which revealed an evidence of mild to moderate right carpal tunnel syndrome; MRI left wrist dated 8/07/2009; MRI left wrist dated 11/17/11 which revealed degeneration of the triangular fibro cartilage with high grade partial, or possibly, full-thickness tear, degenerative changes of the proximal carpal bones, enlargement and heterogeneous signal within the scapholunate ligament, compatible with chronic mild strain, diffuse synovitis and soft tissue edema involving the radial aspect of the wrist, this extends deep to the extensor tendons, moderate to high-grade tendinosis of the first extensor compartments and tenosynovitis of the second compartment tendons, mild peritendinosis, extensor carpi ulnaris tendon, distal radioulnar joint effusion and mild pisotriquetral joint degenerative change; MRI left wrist dated 2/24/2010 which revealed no significant change since the prior examination, triangular fibrocartilage degeneration without full thickness tear, degenerative change of the scapholunate ligament without full thickness tear, negative ulnar variance and mild dorsal tilt of the lunate; MRI right ankle dated 2/24/2010 which revealed attenuation of the anterior talofibular ligament and irregularity of the anteroinferior tibiofibular ligament, both likely the result of

chronic sprain and atrophy of the distal muscular component of the flexor hallucis longus tendon with increased signal; MRI right wrist dated 9/4/2009 which revealed the scapholunate ligament appears thickened but is likely intact, distal radioulnar joint degenerative change with extensive osteophyte formation at the distal ulna, bone marrow edema throughout the carpi with intraosseous cysts within the ventral triquetrum, all likely chronic, stress related degenerative change; MRI lumbar spine dated 8/7/2009 which revealed multilevel degenerative changes. He was declared permanent and stationary and reached MMI on 1/28/13. He has undergone arthroscopy and debridement of tear and synovitis of left wrist, carpal tunnel release, and first dorsal compartment release of left wrist on 12/27/11; gallbladder removed in 09/2012; right ankle arthroscopic surgery on 06/11/10 and right ankle repair on 02/09/11. He has had physical therapy visits and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 1 patch to wrists bilaterally 12hours on/ 12 hours off #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% 1 patch to wrists bilaterally 12hours on/ 12 hours off #60 is not established for this patient.