

Case Number:	CM14-0203451		
Date Assigned:	12/15/2014	Date of Injury:	12/21/1998
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 52-year-old female with date of injury of 12/28/1998. The listed diagnoses from 11/17/2014 are: 1. Overuse syndrome of both upper extremities with bilateral wrist and hand tendinitis, bilateral carpal tunnel syndrome, and bilateral cubital tunnel syndrome. 2. Status post right carpal tunnel release and right cubital tunnel release from 05/15/2001. 3. Status post left cubital tunnel release from 06/2004. 4. Status post left carpal tunnel release from 11/2003. 5. Bilateral shoulder/scapular sprain. 6. Cervical sprain. 7. Thoracic strain. 8. Secondary to pressure due to chronic pain from above diagnoses. According to this report, the patient complains of bilateral shoulder, bilateral wrist, hand, elbow, forearm, neck, and midback pain. She reports occasional numbness and difficulty with forceful gripping. The patient also reports depression due to continued pain and changes in her lifestyle. She denies any difficulty sleeping. Examination shows paracervical muscles shows slight spasm, more on the right than the left. Active range of motion in the cervical spine is 80% to 90% of normal. Spurling's sign is negative. Slight to moderate tenderness on the shoulders, right more than the left, in the bicipital groove. Impingement sign is positive on the right. Dysesthesia noted over the surgical carpal tunnel release scar on the left palm. Minimal triggering was noted in the left index finger on range of motion. Finger and thumb range of motion is normal bilaterally. Treatment reports from 02/28/2013 to 11/17/2014 were provided for review. The utilization review denied the request on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with bilateral shoulder, bilateral wrist and hand, elbow, forearm, neck pain, and midback pain. The provider is requesting Flector Patch 1.3% B.I.D., #60. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis type problem. These medications may be used for chronic musculoskeletal pain but there are no long-term studies of their effectiveness or safety. The records show that the patient was prescribed Flector patches on 02/28/2013. In this same report, the provider prescribed Flector patches for the patient's "neck and shoulder pain flare-up." None of the provider's reports from 02/28/2013 to 11/17/2014 notes medication efficacy as it relates to use of Flector patches. Flector patches are recommended for peripheral joint osteoarthritis and tendinitis type problem and not for the treatment of the neck and shoulders. The request is not medically necessary.

Lidoderm Path 5% #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 Lidoderm (Lidocaine Patch) Lidocaine Page(s): 56,57 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm patches.

Decision rationale: This patient presents with bilateral shoulder, bilateral wrist and hand, elbow, forearm, neck pain, and midback pain. The provider is requesting Lidoderm Patches 5%, #30. The MTUS Guidelines page 57 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 AED such as gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area of treatment, trial for short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm patches on 02/20/2013. The 02/20/2013 report notes that Lidoderm patches were prescribed for the "flare-up of shoulder and neck pain." In this case, Lidoderm patches are not indicated for the neck and shoulders. The request is not medically necessary.

Xanax 0.5MG one tablet TID PRN for anxiety due to pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with bilateral shoulder, bilateral wrist and hand, elbow, forearm, neck pain, and midback pain. The provider is requesting Xanax 0.5 mg 1 tablet t.i.d. p.r.n. for anxiety due to pain, #90. The MTUS Guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks." The records show that the patient was prescribed Xanax since 2001. Given that the MTUS Guidelines do not recommend the long-term use of this medication, the request is not medically necessary.