MAXIMUS Federal Services

Case Number:	CM14-0205967		
Date Assigned:	12/17/2014	Date of Injury:	10/21/2010
Decision Date:	02/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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:

39 year old right-handed female injured her bilateral hands and elbows at work on 21 Oct 2010. She has been diagnosed with bilateral carpal tunnel syndrome. At her last evaluation (6 Nov 2014) she complained of continued numbness in her fingers and severe pain that will lower to 4/10 with medications. The pain begins in the arm and migrates up to the right shoulder and right side of her neck. On exam there were focal points of tenderness in the right trapezius musculature and low paracervical muscles. No imaging or ancillary studies were available for review. Treatment has included surgery (right shoulder arthroscopy, acromioplasty, distal clavicle excision and glenohumeral joint debridement (26 Sep 2012), right carpal tunnel release (12 Jun 2012), left carpal tunnel release revision (30 Jul 2014)), physical therapy, home exercise program, bilateral wrist-hand orthrosis and medications (ibuprofen, Biofreeze roll-on gel, Ultracet, Flexeril, Zanaflex, Prilosec, Norco, Lidoderm patches). Her present medications are ibuprofen, Prilosec, Biofreeze roll-on gel, Zanaflex and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #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 Page(s): 56-57, 111-113.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient does not have neuropathic pain use of lidocaine is not medically necessary.

Right Trapezius Musculature Trigger Point Injections x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,Postsurgical Treatment Guidelines Page(s): 122.

Decision rationale: Trigger point injections are injections of medications, usually anesthetics and/or steroids although saline, glucose and other agents may also be used, into areas of muscles where pressure on these areas causes focal pain with or without radiation or referred pain. MTUS criteria for use of this treatment modality includes pain over 3 months duration, medical management has failed to control the pain, there are documented trigger points on exam as evidenced by palpation that triggers local pain, referred pain and a twitch response and that there is no documented radiculopathy. The MTUS criteria for repeat trigger point injections requires a greater than 50% improvement in pain relief and maintenance of this relief for 6 weeks after the prior injection. ACOEM guidelines note that there is no proven benefit from trigger point injections in treating acute neck and upper back symptoms. Review of this patient's available records reveal that other than local tenderness none of the physical findings that would define a trigger point were documented for this patient. Since the diagnosis of trigger point is not validated by an exam consistent with this diagnosis, medical necessity for this procedure has not been demonstrated.