

Case Number:	CM15-0101239		
Date Assigned:	06/03/2015	Date of Injury:	07/12/2003
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 70 year old female who sustained an industrial injury on 07/12/2003. Current diagnoses include Kienbock's disease of the left lunate status post surgery, chronic pain syndrome, new onset numbness and tingling of the fingers, complex regional pain syndrome type 1, left wrist flexor compartment tendinosis, and left wrist extensor compartment tendinosis. Previous treatments included medications, left arm surgery in 2004, physical therapy, occupational therapy, and functional restoration program evaluation. Report dated 04/15/2015 noted that the injured worker presented with complaints that included chronic pain in the upper extremities. Pain level was not included. Current medications include Advil, Tylenol, Coumadin, and gabapentin. Physical examination was positive for inability to make a fist in the left upper extremity, 1+ edema in the mid-forearm, decreased temperature to the touch on the left side, decreased strength, decreased wrist range of motion, decreased sensation to light touch, pain with palpation in the left wrist. The treatment plan included request for chiropractic treatment for ongoing myofascial pain and tendinosis of the left upper limb, and to improve range of motion and decrease myofascial pain. Disputed treatments include Lidocaine ointment and 6 chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 5% ointment, #1 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical; Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient was injured on 07/12/03 and presents with pain in the upper extremities and left wrist. The request is for Lidocaine 5% ointment #1 with 4 refills. The RFA is dated 04/30/15 and the patient's current work status is not provided. MTUS chronic pain medical treatment guidelines page 57 states, "Topical lidocaine may be recommended for a 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." In reading ODG Guidelines, it specifies the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient is unable to make fist in the left upper extremity, there is decreased sensation to light touch in the dorsum and volar aspect of the left wrist, she is unable to extend/flex/adduct/abduct her wrist beyond 50% of normal, and she has pain with palpation of the dorsum of the left wrist tendons. She is diagnosed with Kienbock's disease of the left lunate status post surgery, chronic pain syndrome, new onset numbness and tingling of the fingers, complex regional pain syndrome type 1, left wrist flexor compartment tendinosis, and left wrist extensor compartment tendinosis. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidoderm IS NOT medically necessary.

6 chiropractic sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

Decision rationale: The patient was injured on 07/12/03 and presents with pain in the upper extremities and left wrist. The request is for 6 chiropractic sessions. The RFA is dated 04/30/15 and the patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 58-59, allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. However, it is not recommended for those with carpal tunnel syndrome or pain in the ankle, foot, forearm, wrist, and hand. She is diagnosed with Kienbock's disease of the left lunate status post surgery, chronic pain syndrome, new onset numbness and tingling of the fingers, complex regional pain syndrome type 1, left wrist flexor

compartment tendinosis, and left wrist extensor compartment tendinosis. In this case, MTUS page 58-59 do not recommend chiropractic care for patient with wrist pain, which is what the patient presents with. Therefore, the requested 6 sessions of chiropractic care IS NOT medically necessary.