

<b>Case Number:</b>	CM15-0101786		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	10/02/2009
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 49 year old female who sustained an industrial injury on 10/02/2009. Diagnoses include right carpal tunnel syndrome, status post-operative right carpal tunnel re-release on 02/09/2015. Treatment to date has included diagnostic studies, status post right carpal tunnel release, arthroscopy, synovectomy and right ECU reconstruction surgery on March 10, 2010 and status post right thumb trigger finger release on 09/17/2014, medications, 12 physical therapy sessions, and protective volar wrist braces. A physician progress note dated 04/23/2015 documents the injured worker is continuing to experience significant scar pain and discomfort. She has decreased numbness and tingling of the right hand median nerve distribution with gradually increasing strength. There is still moderate to severe pain and tenderness along the proximal margin of the right carpal tunnel incision, especially along the wrist flexion crease. She cannot perform any heavy strenuous use of the hand. There is pain, stiffness, and swelling of the right long finger in the morning with subsequent triggering and pain. Treatment requested is for Lidoderm 5% patch 3 months' supply Qty 90, Post-operative Physical Therapy for right CRT 3 times a week for 4 weeks qty 12 redo 2/9/15, and Topical compound cream 120gm 3 re-fills to include; Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline. The medication list includes Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative Physical Therapy for right CRT 3 times a week for 4 weeks qty 12 redo 2/9/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** CA MTUS Post-Surgical Rehabilitation guidelines cited below recommend 3-8 visits over 3-5 weeks and postsurgical physical medicine treatment period is 3 months. Patient has received 12 post op PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous physical visits that is documented in the records provided. In addition as per cited guidelines "Frequency of visits shall be gradually reduced or discontinued as the patient gains independence in management of symptoms and with achievement of functional goals." Patient education regarding postsurgical precautions, home exercises, and self-management of symptoms should be ongoing components of treatment starting with the first visit. Intervention should include a home exercise program to supplement therapy visits." Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." The patient's surgical history includes right carpal tunnel release on 11/4/14. The patient is past the post surgical physical medicine treatment period. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program for the bilateral wrists is not specified in the records provided. The medical necessity of the request for Post-operative Physical Therapy for right CRT 3 times a week for 4 weeks qty 12 redo 2/9/15 is not medically necessary or fully established in this patient.

**Lidoderm 5% patch 3 months supply qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-112, Topical Analgesics Lidoderm (lidocaine patch) page 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. Any

trial of antidepressants and anticonvulsants for these symptoms were 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 medication Lidoderm 5% patch 3 months supply qty 90 is not medically necessary or fully established.

**Topical compound cream 120gm 3 refills to include; Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Topical compound cream 120gm 3 refills to include; Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline. 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 evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis." Lidocaine Indication: Neuropathic pain 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). Non-neuropathic pain: "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." As cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Gabapentin is not recommended by MTUS. The medication Topical compound cream 120gm 3 refills to include; Bupivacaine, Diclofenac, Doxepin, Gabapentin, Orphenadrine, Pentoxifylline is not medically necessary or fully established in this patient.