

Case Number:	CM15-0131574		
Date Assigned:	07/23/2015	Date of Injury:	05/01/2012
Decision Date:	08/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 42-year-old male, with a reported date of injury of 05/01/2012. The mechanism of injury was the slip and fall backwards onto his hands. The injured worker's symptoms at the time of the injury included left wrist and left upper extremity pain. The diagnoses include left wrist sprain and strain; status post left wrist surgery; left de Quervain's tenosynovitis; left epicondylitis; left ulnar wrist pain; left wrist/hand tenosynovitis, and left cervical radiculopathy. Treatments and evaluation to date have included oral medications, physical therapy, topical pain medication, left wrist arthroscopy with complete synovectomy and debridement and left de Quervain's release on 01/18/2013, hand therapy, left supraclavicular peripheral nerve block, left wrist radial neuroplasty, radiocarpal loose body removal and TFCC (triangular fibrocartilage complex) reconstruction on 08/20/2013, TENS (transcutaneous electrical nerve stimulation) unit, and acupuncture. The diagnostic studies to date have included electrodiagnostic studies of the bilateral upper extremities on 09/06/2014 which showed left-sided cervical radiculopathy; x-rays of the left wrist on 08/09/2013 which showed a negative study; an MRI of the upper extremity on 02/20/2014 which showed central defect in the triangular fibrocartilage consistent with a tear, subchondral swelling in the ulnar aspect of the proximal lunate, extensor carpi ulnaris tendinosis with mild tenosynovitis, and 2 mm intra-articular body in the dorsal aspect of the radiocarpal articulation; x-rays of the left wrist on 07/24/2014 which showed no acute findings, and a high degree of clinical suspicion for occult fracture. The progress report dated 05/29/2015 indicates that the injured worker had upper extremity pain. He had continued left wrist pain with range of motion, and he had been feeling

numbness in the left index finger. The injured worker had a brace fitting on the day of the visit, and it was noted that the brace was helpful in the past. The objective findings include tenderness to palpation in the left wrist, decreased left wrist range of motion, left wrist scar noted, and numbness in the left index finger. The injured worker was instructed to remain off work until 07/02/2015. The treating physician requested Lidopro cream and one surgery #4. The documentation did not indicate the specifics regarding surgery #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines lidocaine Page(s): 56.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding 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. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no indication of neuropathic pain. Topical lidocaine is not necessary, so the compound medication is not medically necessary.

Surgery #4; DeQuervain release and Durrach resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270, 271. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist.

Decision rationale: CA MTUS/ACOEM Guidelines, Forearm, Wrist and Hand Complaints, page 265, states that "DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered." Under unusual circumstances of persistent pain at the wrist and limitation of function, surgery may be an option for treating DeQuervain's tendinitis. In this case, the 1st dorsal compartment has already been released and there is no

rationale provided why repeat release is needed. Based on this the request is not medically necessary.