

Case Number:	CM15-0143488		
Date Assigned:	08/04/2015	Date of Injury:	03/22/2010
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old woman sustained an industrial injury on 3-22-2010 after a fall onto her hands. Evaluations include undated electromyogram/nerve conduction studies of the bilateral upper extremities. Diagnoses include rotator cuff tendinitis, bilateral carpal tunnel syndrome, myofascial pain syndrome, and De Quervain's tenosynovitis. Treatment has included oral and topical medications, physical therapy, pain management counseling, and occupational therapy. Physician notes on a PR-2 dated 4-10-2015 show complaints of bilateral hand pain and chronic bilateral wrist pain with numbness and tingling. The worker states the pain rating range is 4-7 out of 10. Recommendations include functional rehabilitation program, shoulder injection, carpal tunnel syndrome injection, acupuncture, TENS unit therapy, Gabapentin, Motrin, Lidoderm, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 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 (1) Lidoderm (lidocaine patch), (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for chronic bilateral wrist and hand pain. When seen, medications were working well. Pain was rated at 4-7/10. Physical examination findings included wrist tenderness and positive Phalen's testing. The claimant's BMI was nearly 34. Medications were refilled including Motrin (ibuprofen) at a dose of 800 mg two times per day, Lidoderm, Neurontin, and topical diclofenac. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Lidoderm was not medically necessary.

Voltaren gel 1% #1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for chronic bilateral wrist and hand pain. When seen, medications were working well. Pain was rated at 4-7/10. Physical examination findings included wrist tenderness and positive Phalen's testing. The claimant's BMI was nearly 34. Medications were refilled including Motrin (ibuprofen) at a dose of 800 mg two times per day, Lidoderm, Neurontin, and topical diclofenac. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.