

<b>Case Number:</b>	CM15-0146872		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Arizona, 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 55 year old female, who sustained an industrial injury on 1-14-2014. She reported repetitive activity type injuries to the neck, right shoulder, and bilateral wrists and hands. Diagnoses include bilateral carpal tunnel syndrome, status post right carpal tunnel release on 2-28-15, herniated cervical disc with radiculitis, and right shoulder tendinitis, impingement, rotator cuff tear and internal derangement. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, and therapeutic joint injections. Currently, she reported decreased numbness status post right wrist carpal tunnel release. On 6-5-15, the physical examination documented the range of motion measurements for the right wrist and that the incision was healed. The plan of care included a request to authorize a prescription for Lidoderm 5% patches, #90 with one refill and twelve additional physical therapy sessions, twice a week for six weeks to focus on increasing range of motion and strength and decreasing pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patches, Qty 90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Physical Therapy, 2 times wkly for 6 wks, 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist chapter and pg 28.

**Decision rationale:** According to the guidelines, therapy is recommended for 3-8 sessions over 3-8 weeks after carpal tunnel surgery. In this case, the claimant received 12 sessions of prior therapy. It is also 4 months beyond the time of surgery. The 12 additional therapy sessions exceeds the amount in the guidelines and is not medically necessary.