

<b>Case Number:</b>	CM15-0149237		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	06/17/2012
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51 year old female who sustained an industrial injury on 6-17-12 when an air pressure door closed catching her left wrist. She currently complains of upper extremity pain; persistent discomfort and weakness about the left wrist and hand with numbness and swelling and a pain level of 7 out of 10. On physical exam there was soreness over the A1 pulley of the left 5th finger; soreness about the wrist, positive Finkelstein, Tinel's and Phalen's tests. Medications were gabapentin, cyclobenzaprine, Lidoderm patch, Ambien. Diagnoses include chronic pain syndrome; upper extremity injury; status post carpal tunnel release, bilateral, left carpal tunnel syndrome recurrent; left hand weakness; status post left posterior interosseous nerve release (12-29-14); possible left ulnar neuropathy, de Quervain's; chronic pain syndrome; left upper limb trauma, left 5th trigger finger; left forearm contusion. Treatments to date include medications; left wrist brace. Diagnostics include x-rays of the left wrist (3-7-15) showing 1 ulnar variance; MRI of the left wrist (no date) unspecific (per 5-12-15 note). In the progress note dated 7-8-15 the treating provider's plan of care includes requests for Lidoderm patches for neuropathy; electromyography, nerve conduction study upper extremity for increased symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV right upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 261.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This claimant was injured in 2012 with upper extremity pain; persistent discomfort and weakness about the left wrist and hand with numbness and swelling and a pain level of 7 out of 10. There were positive Finkelstein, Tinel's and Phalen's tests. Diagnoses include chronic pain syndrome; upper extremity injury; status post carpal tunnel release, bilateral, left carpal tunnel syndrome recurrent; left hand weakness; status post left posterior interosseous nerve release (12-29-14); possible left ulnar neuropathy, de Quervain's; chronic pain syndrome; left upper limb trauma, left 5th trigger finger; left forearm contusion. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. NCV alone is ordinarily used to attest to radiculopathy, but not the EMG NCV combination. The request is not medically necessary.

**Lidoderm 5% patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57,112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** As previously shared, this claimant was injured in 2012 with upper extremity pain; persistent discomfort and weakness about the left wrist and hand with numbness and swelling and a pain level of 7 out of 10. There were positive Finkelstein, Tinel's and Phalen's tests. Diagnoses include chronic pain syndrome; upper extremity injury; status post carpal tunnel release, bilateral, left carpal tunnel syndrome recurrent; left hand weakness; status post left posterior interosseous nerve release (12-29-14); possible left ulnar neuropathy, de Quervain's; chronic pain syndrome; left upper limb trauma, left 5th trigger finger; left forearm contusion. Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary under MTUS.