

Case Number:	CM15-0200789		
Date Assigned:	10/15/2015	Date of Injury:	04/05/2003
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 56-year-old male who sustained an industrial injury on 4-15-2003. Diagnoses have included osteoarthritis of the right elbow; bilateral cubital tunnel; right tennis elbow; lumbosacral MFS syndrome; sciatica; bilateral carpal tunnel syndrome; and, right shoulder sprain with possible internal derangement. The injured worker has been approved for left carpal tunnel release. Documented treatment includes home exercise and medication including Lodine, Salonpas patch, and Lidocaine patch since at least 4-27-2015. Which injuries are being treated with medications are not specified. On 8-24-2015, the injured worker presented with "good and bad days depending on activities" for the cervical, thoracic, and lumbar spine; right shoulder "doing good"; left hand numbness and pain; and, right elbow with "some pain." Objective findings included positive Phalen's and Tinel's; numbness at carpal tunnel distribution of the left hand; good heel to toe walk; and positive impingement signs. The treating physician's plan of care includes a request for Lidocaine patch, one daily; and, Lodine 400 mg. These were non-certified on 9-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lodine 400mg (no frequency or duration noted): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (chronic) NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 when he slipped and fell landing on his hands and knees. He underwent a right ulnar nerve transposition in December 2006. Treatments have included physical therapy, a home exercise program, TENS, and medications. When seen, he was having good and bad days. He had left hand numbness and pain. Physical examination tests for carpal tunnel syndrome were positive. He had bilateral shoulder impingement. He was referred for therapy treatments. A left carpal tunnel release had been authorized and surgical clearance was requested. Medications were Lodine and Lidoderm and were continued. Lodine was being prescribed at 400 mg two times per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of Lodine (etodolac) is 300 mg 2-3 times daily or 400 - 500 mg twice daily. In this case, the claimant has chronic persistent pain and the requested dosing is within guideline recommendations and medically necessary.

Lidocaine patch (no frequency or duration noted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2003 when he slipped and fell landing on his hands and knees. He underwent a right ulnar nerve transposition in December 2006. Treatments have included physical therapy, a home exercise program, TENS, and medications. When seen, he was having good and bad days. He had left hand numbness and pain. Physical examination tests for carpal tunnel syndrome were positive. He had bilateral shoulder impingement. He was referred for therapy treatments. A left carpal tunnel release had been authorized and surgical clearance was requested. Medications were Lodine and Lidoderm and were continued. Lodine was being prescribed at 400 mg two times per day. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. 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 is not considered medically necessary.