

Case Number:	CM15-0032654		
Date Assigned:	02/26/2015	Date of Injury:	10/01/2011
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a female, who sustained an industrial injury on 10/1/2011. The details of the initial injury were not submitted for this review. The diagnoses have included discogenic cervical condition with spasms, upper back sprain, epicondylitis, cubital tunnel syndrome, wrist joint inflammation with Magnetic Resonance Imaging (MRI) showing tendon wear and joint wear, post trigger finger release, and chronic pain syndrome. Treatment to date has included medication therapy, joint injection of the wrist, and a wrist splint with modified activity. Currently, the IW complains of pain in right wrist, neck and low back as well as the right shoulder. The physical examination from 2/17/15 documented tenderness along the wrist, right shoulder with positive impingement and Hawkins signs. The plan of care included authorization for psychological sessions, a functional restoration program and medications as previously prescribed. On 2/11/2015 Utilization Review non-certified Lidopro Lotion 4 ounces, Lidoderm Patch 5% #30, and Nalron 400mg #60, noting the documentation did not support the guidelines had been met. The Utilization Review did certify Tramadol ER 150mg #30 and Protonix 20mg #60. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Lidopro Lotion 4 ounces, Lidoderm Patch 5% #30 and Nalron 400mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro lotion 4oz.: 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 lidocaine; topical analgesic Page(s): 56-57, 111-113.

Decision rationale: The patient presents with pain in the neck, right shoulder, right wrist and lower back. The request is for LIDOPRO LOTION 4 OZ. Physical examination on 02/17/15 to the cervical spine revealed tenderness to palpation to the paracervical muscles. Physical examination to the right shoulder revealed tenderness to palpation along the rotator cuff and biceps tendon. Examination to the right wrist revealed tenderness to palpation along the wrist, CMC and first extensor, palmar, ulnar and radiocarpal joints. Patient uses a wrist brace for support as needed. Per 10/08/14 progress report, patient's diagnosis include discogenic cervical condition with spasms, upper back sprain, epicondylitis laterally with the MRI showing tendinosis, status post one injection to the lateral epicondyle prior to coming to my practice, cubital tunnel syndrome medially with nerve studies being unremarkable with the positive hyperflexion test and a positive Tinel, wrist joint inflammation with MRI showing TFCC wear and CMC joint wear, intersection syndrome, status post one injection with short term relief along the distal forearm on the right, the patient is status post trigger finger release along the long finger on the right with some tightness, and chronic pain syndrome. Per 02/17/15 progress report, patient's medication includes Ultracet. Patient is currently not working. MTUS guidelines page 57 states, "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)." MTUS page 112 states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." Treater has not provided reason for the request. There is no discussion as to how this medication is used, where it is applied and with what efficacy. More importantly, MTUS only supports Lidocaine in a patch formulation and not as a lotion, gel or other forms. Therefore the request IS NOT medically necessary.

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain in the neck, right shoulder, right wrist and lower back. The request is for LIDODERM PATCH 5% # 30. Physical examination on 02/17/15 to the cervical spine revealed tenderness to palpation to the paracervical muscles. Physical

examination to the right shoulder revealed tenderness to palpation along the rotator cuff and biceps tendon. Examination to the right wrist revealed tenderness to palpation along the wrist, CMC and first extensor, palmar, ulnar and radiocarpal joints. Patient uses a wrist brace for support as needed. Per 10/08/14 progress report, patient's diagnosis include discogenic cervical condition with spasms, upper back sprain, epicondylitis laterally with the MRI showing tendinosis, status post one injection to the lateral epicondyle prior to coming to my practice, cubital tunnel syndrome medially with nerve studies being unremarkable with the positive hyperflexion test and a positive Tinel, wrist joint inflammation with MRI showing TFCC wear and CMC joint wear, intersection syndrome, status post one injection with short term relief along the distal forearm on the right, the patient is status post trigger finger release along the long finger on the right with some tightness, and chronic pain syndrome. Per 02/17/15 progress report, patient's medication includes Ultracet. Patient is currently not working. MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Treater has not provided a reason for the request and it is not known whether the patient has utilizes Lidoderm Patches before as it was not included in patient's medications. This patient does not present with peripheral, localized pain that is neuropathic. The patient has spinal neck and low back pain, shoulder pain. The patient has wrist pain, but indication that this is neuropathic. The treater does not explain how this patch is used with what effectiveness either. The request IS NOT medically necessary.

Nalfon 400mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in the neck, right shoulder, right wrist and lower back. The request is for NALFON 400 MH # 60. Physical examination on 02/17/15 to the cervical spine revealed tenderness to palpation to the paracervical muscles. Physical examination to the right shoulder revealed tenderness to palpation along the rotator cuff and biceps tendon. Examination to the right wrist revealed tenderness to palpation along the wrist, CMC and first extensor, palmar, ulnar and radiocarpal joints. Patient uses a wrist brace for support as needed. Per 10/08/14 progress report, patient's diagnosis include discogenic cervical condition with spasms, upper back sprain, epicondylitis laterally with the MRI showing tendinosis, status post one injection to the lateral epicondyle prior to coming to my practice, cubital tunnel syndrome medially with nerve studies being unremarkable with the positive hyperflexion test and a positive Tinel, wrist joint inflammation with MRI showing TFCC wear and CMC joint wear, intersection syndrome, status post one injection with short term relief along the distal forearm on the right, the patient is status post trigger finger release along the long finger on the right with some tightness, and chronic pain syndrome. Per 02/17/15 progress report, patient's medication includes Ultracet. Patient is currently not working. MTUS Anti-inflammatory medications page 22 states, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and

functional restoration can resume, but long-term use may not be warranted." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided a reason for the request. It appears that the patient is just starting this medication. MTUS does support the use of NSAID's for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, the patient suffers from chronic pain. The request appears to be reasonable and therefore, it IS medically necessary.