

<b>Case Number:</b>	CM15-0047238		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 27 year old female, who sustained an industrial injury on 08/02/2011. She reported an injury to the right hand from repetitive work activities. The injured worker was diagnosed as having chronic right hand tendonitis. Treatment to date has included multiple surgeries with release of tendon sheath for trigger finger, right middle finger, and right thumb and a medication regimen. In a progress note dated 01/16/2015 the treating provider reports complaints of achy, sharp, crampy, intermittent pain to the right hand and right fingers that is rated a six out of ten and at its worse a nine to ten out of ten and at its lowest a three out of ten. The treating physician requested the medications of Lidocaine Patch and Ibuprofen noting that Ibuprofen was a current medication of the injured worker, but the documentation provided did not indicate the specific reason for the request of these medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine Patch:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for right hand and finger pain with a diagnosis of tendinitis. 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. Therefore, Lidoderm was not medically necessary.

**Ibuprofen 600mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects p67-72 Page(s): 67-72.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for right hand and finger pain with a diagnosis of tendinitis. Guidelines recommend the use of non-steroidal anti-inflammatory medications with caution as an option in the treatment of chronic pain including pain. However, the requested dosing of 600 mg one time per day is not consistent with the recommended dosing for ibuprofen, which is 400-800 mg PO 3-4 times a day. Therefore, as requested, ibuprofen was not medically necessary.