

Case Number:	CM15-0049599		
Date Assigned:	03/23/2015	Date of Injury:	11/13/2002
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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, Texas
 Certification(s)/Specialty: Internal 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 48-year-old female who sustained an industrial injury on 11/13/02. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include an ergonomic evaluation. Current complaints include bilateral neck pain referring to the bilateral forearms. In a progress note dated 02/18/15 the treating provider reports the plan of care as continued medications, including gabapentin, Lidoderm, Diclofenac, topical Vicodin, Famotidine, and Fioricet. Also an ultrasound guided injection to the median nerve with the pronator teres both forearms is also planned, and a Toradol injection was given during the office visit. The requested treatments are Lidoderm patches, and an ultrasound guided injection to the median nerve with the pronator teres both forearms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch , Qty 90, with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: 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 and AED, gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case the patient doesn't have a diagnosis that would necessitate the use of lidoderm patch. Therefore, this is not medically necessary.

Famotidine, Qty 150, with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information.

Decision rationale: The MTUS is silent regarding the use of famotidine for the treatment of chronic pain. According to the MTUS famotidine is used for maintenance therapy and treatment of duodenal ulcer; treatment of gastroesophageal reflux disease (GERD), active benign gastric ulcer; pathological hypersecretory conditions. The usual dose is 40mg daily. In this case the documentation doesn't support that the patient has a diagnosis that would necessitate the use of famotidine. Therefore, this is not medically necessary.

Ultrasound Guided Injections to the Median Nerve within the Pronator Teres, both forearms: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 79, 253-286. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist, and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Most invasive techniques, such as needle acupuncture and injection procedures, have insufficient high quality evidence to support the use. The exception is corticosteroid injection about the tendon sheaths or, possibly, the carpal tunnel in cases resistant to conservative therapy for eight to twelve weeks. For optimal care, a clinician may always try conservative methods before considering an injection. DeQuervain's tendinitis, if not severe, may be treated with a wrist-and-thumb splint and acetaminophen, then NSAIDs, if tolerated, for four weeks before a corticosteroid injection is considered. CTS may be treated for a similar period with a splint and medications before injection is considered, except in the case of severe CTS

(thenar muscle atrophy and constant parasthesias in the median innervated digits). In this case the documentation doesn't support that the patient has failed conservative care. Given that there is a lack of sufficient high quality evidence to support the use of injections into the median nerve and the lack of documentation showing a failure of conservative care the injection is not medically necessary.