

Case Number:	CM13-0036001		
Date Assigned:	12/13/2013	Date of Injury:	04/05/2010
Decision Date:	02/03/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

As per medical record reviewed, the claimant is a 57-year-old female who sustained an injury on 04/05/2010. Medical records of 8/8/2013 presented to the clinic requesting for repeat injections over her tarsal tunnel and carpal tunnel given the previous symptom relief with these injections. She indicated no significant change in physical exam findings. Significant tenderness is present directly over the palmar surface of the right wrist. Tinel, Phalen, and Durkin signs are markedly positive. Sensation to light touch is attenuated in the thumb, index, and middle digits with static 2 point discrimination exceeding 10mm. The Katz hand diagram is consistent with moderate probability for carpal tunnel syndrome. There continues to be tenderness over the tarsal tunnel with a positive Tinel sign. There is some bilateral tenderness over the paralumbar region with a positive straight leg test on the side but at approximately 30°. The following diagnosis was entertained: 1. Right carpal tunnel syndrome with flexor tenosynovitis 2. Lumbar strain, rule out radiculopathy 3. Left ankle strain with tarsal tunnel syndrome. PLAN: 1. Repeat Dexamethasone injection performed to the right carpal tunnel 2. Repeat Dexamethasone injection also performed to the left tarsal tunnel 3. Electrodiagnostic studies of the upper extremities again requested-denial appealed 4. Electrodiagnostic studies of the left ankle also requested-rule out tarsal tunnel syndrome 5. Celebrex 200 mg one tablet by mouth daily #30; Prilosec 20mg 1 tab qd,#30, and Lidoderm transdermal patches 5%, apply as directed one patch to affected area for up to 12 hours not to exceed 3 patches in one day pm, #1 box patches, prescribed 6. Follow-up on 8/26/13 @10:30am She was restricted from lifting or carrying exceeding 15 pounds. In addition, the patient would also be restricted from repetitive climbing and prolonged standing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm transdermal patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 57.

Decision rationale: CA-MTUS (Effective July 18, 2009) page 56 to 57 of 127, section of Topical Analgesics indicates that [REDACTED] (lidocaine patch) 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. 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. Based on the guidelines, the request for Lidoderm patches, 5%#30, and use as directed, was not medically necessary.