

Case Number:	CM14-0132445		
Date Assigned:	08/22/2014	Date of Injury:	04/20/2007
Decision Date:	09/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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/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:

The injured worker is a 65-year-old with a reported date of injury on April 20, 2007. The mechanism of injury was cumulative trauma. The injured worker's diagnoses included carpal tunnel syndrome, chronic pain syndrome with chronic dysesthesias related to carpal tunnel syndrome, and contracture of fingers. The injured worker's previous treatment included a wrist injection, medications, acupuncture, and hand therapy. The diagnostic studies included NCV. The injured worker's surgical history included a right carpal tunnel release on October 20, 2007, and excision of a neuroma of her palmar cutaneous nerve with neurolysis on August 13, 2009. The injured worker was evaluated on July 15, 2014 and complained of joint pain, joint swelling, and numbness and tingling 'of affected limbs and swelling. She rated her pain at 8/10 some nights, 5/10 at the time of the visit, and stated her pain was worse at night. The injured worker indicated her sleep was disturbed due to pain and medications were helpful. She avoided using her hand, needed help with everything and had difficulty with personal hygiene. She reported she was performing a home exercise program with 2 pound weights for wrist and arm strengthening. The clinician reported a right wrist focused examination revealed atrophy, swelling, and restricted range of motion with palmar flexion and dorsiflexion due to pain. Neurologic findings included muscle strength limited by pain and measured as 3/5 to the right wrist flexors, 4/5 to the right wrist extensors, 3/5 to the right finger flexors, 3/5 to the right finger extensors, 3/5 to the right hand extrinsics. Atrophy of the thenar eminence and hyperesthesia over the medial right hand were noted. The injured worker's medications included Lidoderm 5% (700 Mg/patch) Adh. Patch 1-2 patches for 12 hours per day, hydrocodone/acetaminophen 5/500 Mg 1 tablet twice per day, and Neurontin (strength and frequency not provided). The request was for Lidocaine pad 5% day supply:30, QTY 60 with 2 refills for carpal tunnel syndrome. The request for authorization form was submitted on July 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57-58.

Decision rationale: The injured worker has been diagnosed with carpal tunnel syndrome and chronic pain syndrome with chronic dysesthesias related to carpal tunnel syndrome. The Chronic Pain Medical Treatment Guidelines state that lidoderm patch is not a first line treatment and is only FDA approved for post-herpetic neuralgia as further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker has not been diagnosed with post-herpetic neuralgia. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Therefore, the request for Lidocaine pad 5%, sixty count with two refills, is not medically necessary or appropriate.