

Case Number:	CM14-0139409		
Date Assigned:	09/05/2014	Date of Injury:	09/23/2010
Decision Date:	10/24/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 40 year old female with date of injury 9/23/2010. The mechanism of injury is stated as repetitive stress. The patient has complained of bilateral hand pain since the date of injury. She has been treated with carpal tunnel release surgery on the right side, as well as physical therapy and medications. There are no radiographic data included for review. Objective: positive Phalen's test and Tinel's test bilaterally, decreased motor strength in the right hand 4/5, mild tenderness to palpation of the left forearm, hand and wrist. Diagnoses: carpal tunnel syndrome, right; carpal tunnel syndrome, left; right cubital tunnel syndrome. Treatment plan and request: Lidoderm patch, Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #30 with 2 Refills: 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 Topical analgesics Page(s): 111.

Decision rationale: This 40 year old female has complained of bilateral hand pain since date of injury 9/23/10. She has been treated with carpal tunnel release surgery on the right side, as well

as physical therapy and medications. The current request is for Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.

Lyrica 50mg #90: 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
Pregabalin Page(s): 99.

Decision rationale: This 40 year old female has complained of bilateral hand pain since date of injury 9/23/10. She has been treated with carpal tunnel release surgery on the right side, as well as physical therapy and medications. The current request is for Lyrica. Pregabalin (Lyrica) has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. There is no documentation in the available medical records of any of these conditions nor is there a discussion of the rationale regarding use of this medication. On the basis of the MTUS guideline cited above and the available medical documentation, Lyrica is not indicated as medically necessary in this patient.