

Case Number:	CM14-0152186		
Date Assigned:	09/22/2014	Date of Injury:	10/25/2012
Decision Date:	10/21/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine 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 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:

This is a 59 year old male with a 10/25/12 injury date. The mechanism is a repetitive motion keyboarding injury. In an 8/20/14 follow-up, the patient complained of bilateral hand and wrist pain. Objective findings included intact sensation and 5/5 motor strength throughout. Hoffman's sign was negative bilaterally. There was opposition of both thumbs with limited flexion of the right fingers 2-5 and 5 mm. The left 3rd and 4th trigger fingers were palpable with fullness. Durken's compression test was positive in both wrists, Phalen's sign was positive on the left, and reverse Phalen's was positive on the left. There was slight left thenar fullness and tenderness. In a 4/21/14 note, the patient was seen by a hand specialist and had a left wrist ultrasound guided injection of Toradol because a previous left wrist cortisone injection caused an elevated glucose level. Diagnostic impression: bilateral carpal tunnel syndrome, bilateral forearm myofasciitis. Treatment to date: acupuncture, corticosteroid injection, medications. A UR decision on 8/29/14 denied the request for Lidoderm patch on the basis that topical analgesics are largely experimental. The request for ultrasound guided left wrist Toradol injection was denied because the use of Toradol in this manner is generally not recommended. The request for Topiramate 25 mg 2 po qhs #60 w/ 6 refills was partially certified to allow for Topiramate 25 mg 2 po qhs #30 w/ no refills in order to allow for weaning of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 12 hrs on/ 12 hrs off #90 ref x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (Lidocaine patch) Page(s): 56-57, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the present case, the patient has a diagnosis of myofasciitis of the forearms, and the use of Lidoderm for myofascial pain is not supported. In addition, there is no evidence of neuropathic pain. Therefore, the request for Lidoderm 5% patch 12 hrs on/ 12 hrs off #90 ref x6, is not medically necessary.

Topiramate 25 mg 2 po qhs #60 ref x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 21, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Topiramate is considered for use for neuropathic pain when other anticonvulsants fail. In the present case, there is documented prior use of Topiramate but no evidence that a first-line anticonvulsant has been used. Topiramate is recommended as a second-line option for neuropathic pain. Therefore, the request for Topiramate 25 mg 2 po qhs #60 ref x6 is not medically necessary.

U/S guided injection to left wrist and hand to instill toradol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 7/10/14) NSAIDS, specific drug list & adverse effects Ketorolac

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Carpal Tunnel Syndrome Chapter. Other Medical Treatment Guideline or Medical Evidence: FDA (Toradol).

Decision rationale: CA MTUS states that in cases of peripheral nerve impingement, if no improvement or worsening has occurred within four to six weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. In addition, ODG states that corticosteroid injections will likely produce

significant short-term benefit, but many patients will experience a recurrence of symptoms within several months after injection. In this case, the guidelines are silent with respect to the injection of Toradol into a nerve sheath. The FDA only supports intravenous or intramuscular injection of Toradol, and does not comment on injection around a local structure such as a nerve. Therefore, the request for U/S guided injection to left wrist and hand to instill Toradol is not medically necessary.