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| <b>Case Number:</b>   | CM14-0156448 |                              |            |
| <b>Date Assigned:</b> | 09/25/2014   | <b>Date of Injury:</b>       | 06/23/2009 |
| <b>Decision Date:</b> | 10/28/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 06/23/2009. The injured worker reportedly sustained an upper extremity injury while pushing a heavy basket. Current diagnoses include tear of the right triangular fibrocartilage complex, status post repair on 08/12/2010, right lunotriquetral ligament sprain, right ulnar shortening osteotomy, complex regional pain syndrome, right shoulder sprain, myofascial pain, left wrist sprain, right de Quervain's tenosynovitis, radial styloid tenosynovitis, and right 1st dorsal compartment release. The latest physician progress report submitted for this review is documented on 06/04/2014. Previous conservative treatment is noted to include splinting, home exercise, physical therapy, and medications. The injured worker presented with complaints of persistent pain in the right wrist with numbness and tingling. Physical examination revealed stiffness and tightness in the cervical paravertebrals, restricted range of motion of the right shoulder, hypersensitivity to light touch in the right wrist, tenderness over the dorsal aspect of the triangular fibrocartilage complex and scapholunate region, atrophy of the right forearm musculature, significant dysesthesia in the ulnar distribution, positive Tinel's testing, and altered sensation in the right forearm. Treatment recommendations at that time included continuation of the current medication regimen and an MRI of the right shoulder. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medi-Patch/Lidocaine Qty. 10:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state Lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressant or anticonvulsants such as gabapentin or Lyrica. Therefore, the injured worker does not meet criteria for the requested medication. There is also no strength or frequency listed in the request. As such, the request is not medically appropriate.