

Case Number:	CM14-0167834		
Date Assigned:	10/15/2014	Date of Injury:	10/20/2008
Decision Date:	11/18/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The claimant was injured on 10/20/08. Lidoderm and Tylenol No. 2 are under review. In July 2012 the numbness had improved but she still had bilateral wrist pain and her left hand was numb. She had a positive Tinel's at the left wrist with some mild arthritis of the hands and some swelling of the thumb. There was some subjective numbness of the median nerve distribution on the left. The notes dated 06/24/14 indicated she was using imipramine for her sciatica. She did not tolerate anti-inflammatories. She had ongoing low back pain. She was diagnosed with facet pain at L4-5 and L5-S1 and left sacroiliac arthralgia and right-sided sciatica. She was prescribed Limbrel, imipramine, and lidocaine topical. Acupuncture was recommended. She was working full duty. On 08/13/14, she reported numbness and tingling in both hands. She reported nocturnal awakening. Repeat electrodiagnostic studies had shown bilateral carpal tunnel syndrome. Bilateral carpal tunnel releases were recommended. On 08/26/14, a left side fasciotomy and carpal tunnel release were requested. Electrical studies showed lumbar radiculopathy in October 2013 and severe bilateral carpal tunnel syndrome on 09/09/13. MRI of the lumbar spine revealed grade 2 spondylolisthesis and spondylolysis at L4-5. She reportedly has had physical therapy in the past. On 09/08/14, Tylenol No. 2 and Lidoderm 5% were ordered. She had an initial neurosurgical consultation on 09/26/14. She had sustained a repetitive strain injury and had right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm 5% patches, frequency and quantity unknown. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. There is no documentation of failures of trials of first line drugs such as acetaminophen and also local modalities. The CA MTUS also state "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication." There is no evidence that these criteria have been met for Lidoderm patches. The medical necessity of this request for Lidoderm patches 5% has not been clearly demonstrated.

Tylenol #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and the 4 A's Page(s): 110.

Decision rationale: The history and documentation do not objectively support the request for Tylenol #2, frequency, quantity, and duration unknown. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, antidepressants, or anti-neuropathic drugs. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented

per the guidelines. The claimant's pattern of use of Tylenol #2 is unknown. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of this request for Tylenol #2 has not been clearly demonstrated.