

<b>Case Number:</b>	CM14-0094882		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 57-year-old female, with a reported date of injury of 05/10/1999. The diagnoses include lateral epicondylitis and carpal tunnel syndrome. Treatments to date have included occupational therapy, intramuscular injection (Toradol 60mg), and left arm surgery on 06/06/2013. The progress report dated 05/23/2014 indicates that the injured worker complained of constant, severe pain in her left hand and arm. The pain was rated 10 out of 10 in severity. The objective findings include positive Tinel's sign on the left, negative Tinel's sign on the right, grip strength on the right was 40 pounds, and left grip strength was 20 pounds. The treating physician requested Dolobid 500mg #60 and Lidoderm 5% #30. The rationale for the request was not indicated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dolobid 500mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Dolobid 500mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has constant, severe pain in her left hand and arm. The pain was rated 10 out of 10 in severity. The objective findings include positive Tinel's sign on the left, negative Tinel's sign on the right, grip strength on the right was 40 pounds, and left grip strength was 20 pounds. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Dolobid 500mg, #60 is not medically necessary.

**Lidoderm 5%, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The requested Lidoderm 5%, #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has constant, severe pain in her left hand and arm. The pain was rated 10 out of 10 in severity. The objective findings include positive Tinel's sign on the left, negative Tinel's sign on the right, grip strength on the right was 40 pounds, and left grip strength was 20 pounds. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5%, #30 is not medically necessary.