

<b>Case Number:</b>	CM15-0112237		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 59-year-old female, who sustained an industrial injury on July 22, 2011. She reported right wrist pain. The injured worker was diagnosed as having right sided carpal tunnel syndrome evidenced by nerve studies, right median nerve neuritis, right wrist sprain/strain and myofasciitis. Treatment to date has included diagnostic studies, wrist splints, medications and work restrictions. Currently, the injured worker complains of continued right wrist pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 5, 2015, revealed continued wrist pain however was hand written and difficult to decipher. An ergonomic evaluation, a paraffin wax bath, Lidoderm patches and wrist orthotics were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Paraffin wax bath:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, wrist, and hand chapter, paraffin wax bath, carpal tunnel syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-272.

**Decision rationale:** Paraffin wax baths are a physical modality and per the ACOEM, physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The MD visit does not specify goals for treatment with regards to improvement in pain or functional status with the paraffin wax bath. The medical necessity of paraffin wax bath is not substantiated in the records.

**Wrist (illegible) (top shelf):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-272.

**Decision rationale:** Though illegible, it appears that the written request is for wrist support - top shelf, Splinting can be used as a first line conservative treatment for carpal tunnel syndrome and DeQuervain's and strains but there is less convincing evidence to support the use of prolonged splinting or prolonged post-operative splinting due to risk of weakness and stiffness. This injured worker has already been prescribed wrist splints with continued pain. The medical necessity of continued wrist support is not substantiated in the records.

**Ergonomic evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ergonomic positioning or equipment for treating carpal tunnel syndrome. Cochrane Database Syst Rev 2012 Jan 18. <http://www.ncbi.nlm.nih.gov/pubmed/22259003>.

**Decision rationale:** This injured worker has chronic wrist pain with an injury sustained in 2012. Non-surgical treatment, such as ergonomic positioning can be used in individuals with mild to moderate symptoms from carpal tunnel syndrome. However, this review concluded that there is not sufficient evidence from randomized controlled trials to determine whether ergonomic positioning or equipment is beneficial or harmful for treating carpal tunnel syndrome. The MD visit does not specify goals for treatment with regards to improvement in pain or functional status or a return to work. The medical necessity of an ergonomic evaluation is not substantiated in the records.

**Lidoderm 5% patch 12 hours on/12 hours off #60 (RFA 5/6/15):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 56-57 and 112.

**Decision rationale:** Per the guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is FDA approved only for post-herpetic neuralgia and the worker does not have that diagnosis. The medical records do not support medical necessity for the prescription of Lidoderm patch in this injured worker.