

Case Number:	CM15-0118448		
Date Assigned:	06/26/2015	Date of Injury:	01/07/2010
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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

Certification(s)/Specialty: Anesthesiology

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 34-year-old female, with a reported date of injury of 01/07/2010. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not included. The diagnoses include bilateral carpal tunnel syndrome. Treatments and evaluation to date have included topical pain medication; oral medication; right carpal tunnel release on 02/27/2015; hand therapy; home exercise program; and an arm sling. The diagnostic studies to date have included electrodiagnostic studies on 11/12/2014 which showed moderate right and mild left carpal tunnel syndrome. The progress report dated 04/21/2015 indicates that the injured worker returned to re-evaluate her wrist pain. It was noted that she was doing a lot better since the carpal tunnel release on the right wrist. She finished physical therapy for the right wrist, which helped with range of motion and strength. The injured worker wanted to continue physical therapy. It was noted that she tried to manage her pain with less medication, so she only used them as needed. The injured worker noted having aching in the bilateral wrist, right greater than the left. She rated her pain 5 out of 10 without medications and 2 out of 10 with medications. The physical examination showed a well-healed surgical scar on the right wrist without signs of infection, tenderness to palpation at the base of the thumb on the right, increased pain with flexion at the right wrist, and positive Phalen's sign on the right. The injured worker was working with restrictions. It was noted that on 03/05/2015, the CURES report was reviewed, and no red flags were noted. The treating physician requested Lidoderm 5% patch #30, with three refills and Voltaren #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty 30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. 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). Lidoderm patches are not a first-line treatment and are 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. In this case, there is no documentation that the injured worker had been diagnosed with neuropathic pain. Therefore, the request for Lidoderm is not medically necessary.

Voltaren, long acting, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Diclofenac Sodium.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264 and 271, Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22 and 67.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute pain and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. The injured worker had been diagnosed with carpal tunnel syndrome. The CA MTUS/ACOEM Guidelines recommend NSAIDs to help control the symptoms for forearm, wrist, and hand complaints. According to the medical records, the injured worker has been using Voltaren for at least eight months. Medical

necessity for this medication has not been established. The request for Voltaren is not medically necessary.