MAXIMUS Federal Services

Case Number:	CM15-0122302		
Date Assigned:	07/06/2015	Date of Injury:	07/22/2011
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/24/2015

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 Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 57-year-old female who sustained an industrial injury on 07/22/2011. She reported numbness of the second and third digits of the right hand with thumb tingling. The injured worker was diagnosed as having right medial neuritis, right wrist adhesions, right wrist tendinosis with sprain. Treatment to date has included carpal tunnel release surgery (01/27/2012) and post op physical therapy. The worker had a lesion over the palmar cutaneous branch of the medial nerve because of the carpal tunnel release that caused numbness over the base of her palm. She has had further occupational therapy (09/2012, and 11/2012). She was prescribed Naprosyn, Tramadol, and Norco with poor results. Acupuncture gave fair relief, and she had a MRI repeated in 12/29/2012 that showed scaphoid lunate ligament defect. She was given a splint by the occupational therapist and her wrist was declared permanent and stationary as of 08/13/2013. She again saw a physician in June 2014 and was prescribed another course of occupational therapy, Voltaren, and Amitriptyline, which did not provide relief. As of 05/05/2015, the injured worker complains of difficulty with writing, wiping, or weight bearing, and has noted dysthesias over the palm. She states she is better with ice, bracing, and rubbing with massage. Motor strength is 4/5 of the right hand and 5/5 all else. Sensibility is decreased over the base of the palm and there is decreased sensitivity of the right first and third digit with dysesthesias on the fourth and fifth fingers. There is thickening on the volar wrist and moderate pain is noted on the right first extensor thumb. Fullness and tenderness is noted over the radial first interphalangeal joint. Jamar grip test on the right was 12, 12, and 12 kg, and on the left was 24, 24, 20 kg. She is taking Etodolac. The plan is for continuation of

Etodolac, and using Lidoderm patches for the volar wrist. A request for authorization is made for the following: 1. Retrospective Lidoderm 5% patch 12 hours on and 12 hours off quantity 60 with six refills prescribed 05/05/15, 2. Ergonomic Evaluation, 3. Paraffin Wax Bath for right wrist, 4. Wrist Support (Top Shelf) for Right Wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm 5% patch 12 hours on and 12 hours off quantity 60 with six refills prescribed 05/05/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the retrospective prescription of Lidoderm patches #60 with 6 refills is not medically necessary.

Paraffin Wax Bath for right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Paraffin Wax Baths.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Paraffin wax baths, http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, Paraffin wax baths: Recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. (Robinson-Cochrane, 2002). There is no clinical evidence that the patient is suffering from hand arthritis or any evidence a combined exercise program is scheduled. Therefore, the request Paraffin Wax Bath for right wrist is not medically necessary.

Wrist Support (Top Shelf) for Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Splinting . http://www.odg-twc.com/index.html.

Decision rationale: According to ODG guidelines, splinting "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment. Use of daytime wrist splints has positive, but limited evidence. Splinting after surgery has negative evidence. When treating with a splint, there is scientific evidence to support the efficacy of neutral wrist splints in CTS and it may include full-time splint wear instructions as needed, versus night-only. Carpal tunnel syndrome may be treated initially with a splint and medications before injection is considered, except in the case of severe CTS (thenar muscle atrophy and constant paresthesias in the median innervated digits)".There is no documentation that the patient still has active CTS. There is no evidence supporting the need for 2 different braces. The patient was already authorized for a cock up wrist splint and the need for a top shelf brace is unclear. Therefore, the request for Wrist Support (Top Shelf) for Right Wrist is not medically necessary.