

Case Number:	CM15-0123811		
Date Assigned:	07/15/2015	Date of Injury:	05/17/2002
Decision Date:	09/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: Pediatrics, Internal 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 48-year-old female, with a reported date of injury of 05/17/2002. The mechanism of injury was the picking up of a basket. The injured worker's symptoms at the time of the injury have included pain going from the low back to the neck. The diagnoses include bilateral carpal tunnel syndrome, cervical facet arthropathy, cervical sprain and strain, bilateral impingement syndrome, neck pain, bilateral shoulder pain, depression, headache, and fibromyalgia. Treatments and evaluation to date have included home exercise program, oral medications, topical pain medications, physical therapy, and chiropractic treatment. The diagnostic studies to date have included electrodiagnostic study of the bilateral upper extremities which showed bilateral carpal tunnel syndrome; an MRI of the cervical spine on 08/02/2010; and an x-ray of the left hand. The periodic report dated 05/29/2015 indicates that the injured worker complained of bilateral shoulder pain, neck pain, and headache. She reported her pain level was rated 8 out of 10, which was unchanged. The pain was associated with tingling and numbness. It was noted that the injured worker was currently on Cymbalta, Lidoderm, and Ibuprofen. An examination of the shoulder showed tenderness over the acromioclavicular joint and superolateral aspect of the shoulder, normal range of motion of the bilateral shoulders, normal motor strength of the bilateral shoulders, and positive impingement test. The neurological examination of the upper extremities showed intact sensory in the C5-C8 nerve distribution, normal muscle strength, and decreased deep tendon reflexes. The treatment plan included the refill of current medications. The injured worker's work status was permanent and stationary. The treating physician requested Lidocaine 5% patch with five refills and Ibuprofen 600mg with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches #30 with 5 refills: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines recommends Lidoderm (Lidocaine patch) only for localized peripheral neuropathic pain after trials of tricyclic or SNRI (serotonin-norepinephrine reuptake inhibitor) anti-depressants or an anti-epileptic drug such as Gabapentin or Lyrica. The injured worker has bilateral carpal tunnel syndrome confirmed in an electrodiagnostic study. She also had pain associated with numbness and tingling. The injured worker has been on Gabapentin since at least 12/05/2014. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. She has been using Lidocaine patches since at least 12/05/2014. The MTUS indicates that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There was no evidence that the injured worker had failed a trial of antidepressants and anticonvulsants. There was documentation that the injured worker had taken Cymbalta in the past, and stated that it was helpful. The medical report dated 04/29/2015 indicates that the treating physician wanted to restart the injured worker on Cymbalta. The request does not meet guideline recommendations. Therefore, the request for Lidocaine patch is not medically necessary.

Ibuprofen 600mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1: Conclusion, Anti-inflammatory medications, and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 1, 9, 22, and 67-73.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that anti-inflammatory medications are the traditional first line of treatment, to reduce pain so that activity and functional restoration can resume. There was documentation that the injured worker's pain level was unchanged. The guidelines also indicate that long-term use may not be justified. MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. The injured worker has bilateral carpal tunnel syndrome confirmed in an electrodiagnostic study. She also had pain associated with

numbness and tingling. The injured worker has been taking Ibuprofen since at least 05/29/2015. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Ibuprofen is not medically necessary.