

Case Number:	CM15-0172514		
Date Assigned:	09/14/2015	Date of Injury:	05/19/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old male with a date of injury of May 19, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome, elbow, forearm, and wrist injury, hand sprain and diabetes mellitus. Medical records dated June 16, 2015 indicate that the injured worker complains of right wrist pain rated at a level of 3 to 5 out of 10 with swelling of the wrist and thumb. Records also indicate that the injured worker reinjured the right wrist on June 15, 2015. A progress note dated August 11, 2015 notes subjective complaints of more pain in the right hand in the thumb and fifth finger, and that the pain was improved since surgery. Per the treating physician (July 13, 2015), the employee was working with restrictions. The physical exam dated July 13, 2015 reveals decreased strength of the right hand, and soft tissue tenderness over the right thumb. The progress note dated August 11, 2015 documented a physical examination that showed decreased motor strength of the right hand and soft tissue tenderness over the right thumb. Treatment has included home exercise, right carpal tunnel release on March 5, 2015, medications (Naprosyn 500mg in February of 2015; Voltaren 1% topical gel since at least June of 2015; Lidoderm patches 5% since at least June of 2015), and physical therapy shortly after the injury. The original utilization review (August 18, 2015) non-certified a request for Voltaren 1% topical gel 100gm tube #1 with 1 refill, and Lidoderm 5% (700mg per patch) #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100 gm tube #1 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent an open right carpal tunnel release in March 2015. He has a history of non-insulin-dependent diabetes, hypertension, and sleep apnea. When seen, he was continuing to work. He was having more hand pain and he was waiting to start hand therapy treatments. He had improved since surgery. Physical examination findings included a BMI of over 37. There was decreased right hand strength and right thumb tenderness. No oral NSAID medication was being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has co-morbid medical conditions and has localized right hand and wrist pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is considered medically necessary.

Lidoderm 5% (700 mg/patch) #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in May 2011 and underwent an open right carpal tunnel release in March 2015. He has a history of non-insulin-dependent diabetes, hypertension, and sleep apnea. When seen, he was continuing to work. He was having more hand pain and he was waiting to start hand therapy treatments. He had improved since surgery. Physical examination findings included a BMI of over 37. There was decreased right hand strength and right thumb tenderness. No oral NSAID medication was being prescribed. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, topical diclofenac was also being prescribed and there are other topical treatments that could be considered. Lidoderm was not medically necessary.