

<b>Case Number:</b>	CM15-0062795		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 47 year old female, who sustained an industrial injury on 7/3/12. She reported initial complaints of pain with repetitive motion. The injured worker was diagnosed as having bilateral carpal tunnel syndrome. Treatment to date has included status post carpal tunnel release (no date). The documentation of 02/04/2015 revealed the injured worker had complaints of increased pain and triggering in the right index and long finger. The injured worker's left hand was having stiffness. The physical examination revealed no gross instability or painful triggering. The diagnoses included bilateral carpal tunnel syndrome. The treatment plan included Skelaxin 800 mg, lidocaine patch, Tylenol over the counter, home exercises, physical therapy or occupational 3 times a week for 6 weeks, right long index trigger finger release and CT of the cervical spine. The provider has requested these medications but as an open-ended prescription and denied at Utilization Review: Skelaxin 800mg, Tylenol OTC; Lidocaine patch. There is also a question of the injured worker's possible increase in Liver Enzymes with Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical/Occupational therapy 18 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Guidelines recommended physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions previously attended and the objective functional benefit that was received from prior therapy. There was a lack of documentation of remaining functional deficits. The request as submitted failed to indicate the body part to be treated. Additionally, 18 sessions would be excessive. Given the above, the request for physical/occupational therapy 18 sessions is not medically necessary.

**Skelaxin 800mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized muscle relaxants previously. There was a lack of documentation of objective functional benefit that was received and the duration of use as it is not recommended for more than 3 weeks. The request as submitted failed to indicate the quantity and frequency for the requested medication. Given the above, the request for Skelaxin 800 mg is not medically necessary.

**Lidocaine patch:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was a lack of documentation indicating the injured worker had a trial and failure of first line therapy. The request as submitted failed to indicate the frequency, strength, body part, and quantity of patches being requested. Given the above, the request for lidocaine patch is not medically necessary.

**Tylenol OTC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 11.

**Decision rationale:** The California MTUS Guidelines recommended acetaminophen for acute exacerbations of chronic pain and for chronic pain. The efficacy of the medication was not provided. The request as submitted failed to indicate the strength, quantity, and frequency for the requested medication. Given the above, the request for Tylenol OTC is not medically necessary.