

Case Number:	CM15-0074340		
Date Assigned:	04/24/2015	Date of Injury:	06/13/2014
Decision Date:	05/27/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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:

The injured worker is a 42-year-old female, who sustained an industrial injury on 6/13/14. She reported initial complaints of injury to right index and third digit/fingers. The injured worker was diagnosed as having carpal tunnel syndrome, neuropathic pain; wrist/hand pain. Treatment to date has included two surgeries; physical therapy; medications. Currently, the PR-2 notes dated 3/10/15 indicate the injured worker complains of ongoing right-sided index finger numbness, burning and tingling, soreness, achiness along with constant spasms in her index finger in constant flexion movement. The overall pain is rated at 5-9/10. She has physical therapy and taking Tylenol and/or Advil PM for pain control. Examination of the upper extremity reveals normal motor strength 5/5 in all muscle groups with decreased strength about 3/5 with finger abduction, finger flexion and wrist extension. She also has a positive Tinel's and Phalen's exam right wrist, median nerve distribution. She also has allodynia to light touch at the tip of her DIP joints with light touch and cold right third digit. PIP joint is in constant hyperflexed state and demonstrates fasciculations on observation. The provider has requested Voltaren gel 1% and Lidocaine 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-113.

Decision rationale: With regard to the request for Voltaren gel, the CA MTUS recommend topical NSAIDs as an option on a short-term basis of 4 to 12 weeks. This should be applied in joints that are amenable to topical treatment, such as the knees, ankles, feet, hand and wrist. In general, topical medications are considered largely 'experimental' by the CPMTG, and should be ordered after a failure of first line agents. In the case of this injured worker, there is documentation that the patient has been on NSAIDs orally, but there is no clear documented failure or intolerance to oral agents. Given this, this request is not medically necessary.

Lidocaine 1%: Upheld

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

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

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Thus, these guidelines do not support the use of topical lidocaine preparations, which are not in patch form. Secondly, the patient is on gabapentin and is being upwardly titrated on this medication. There is no clear documentation of failure of this first line agent. As such, the currently requested topical formulation, which contains lidocaine in a non-patch form, is not medically necessary.