

<b>Case Number:</b>	CM15-0094471		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 65 year old female patient, who sustained an industrial/work injury on 5/1/14. The diagnosis includes radial styloid tenosynovitis. She sustained the injury due to repetitive strain. Per the doctor's note dated 4/28/15, she had complaints of pain and swelling at the base of thumb and wrist. The physical examination revealed use of the thumb/wrist splint, give way weakness, diminished grip strength, positive Finkelstein's test, tightness in wrist extensors, and mild tenderness over the lateral epicondyle, slightly limited cervical spine range of motion in bending. The medications list includes acetaminophen, ambien and naproxen. She has had left wrist/hand X-Rays dated on 10/13/14 which revealed no fracture, narrowing at the CMC joint with osteophyte formation and subchondral sclerosis and narrowing of finger joints. She has had more than 20 physical therapy visits and acupuncture visits for this injury. The current plan of care included possible steroid injection, topical analgesic patches, and implementation of recommendations of ergonomic evaluation. The requested treatments include continued physical therapy, continued acupuncture, and Lidoderm patches 5%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy, 8 sessions:** 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 Physical therapy Page(s): 98.

**Decision rationale:** Request: Continued Physical Therapy, 8 sessions. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had more than 20 physical therapy visits and acupuncture visits for this injury. Therefore, the requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Continued Physical Therapy, 8 sessions is not established for this patient at this time.

**Continued Acupuncture, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Request: Continued Acupuncture, 8 sessions. 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines "Acupuncture treatments may be extended if functional improvement is documented." The medical records provided do not specify any intolerance to pain medications. Patient has already had more than 20 acupuncture visits for this injury. There is no evidence of significant ongoing progressive objective functional improvement from the previous acupuncture visits that is documented in the records provided. The records submitted contain no accompanying current physical therapy/acupuncture evaluation for this patient. Response to previous conservative therapy including physical therapy/acupuncture visits is not specified in the records provided. The medical necessity of Continued Acupuncture, 8 sessions is not fully established in this patient at this time.

**Lidoderm Patches 5%, #60:** 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 Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm Patches 5%, #60. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patches 5% #60 is not fully established for this patient.