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| <b>Case Number:</b>   | CM13-0006708 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 03/18/2008 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 07/19/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/05/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has submitted a claim for carpal tunnel syndrome, reflex sympathetic dystrophy of the upper limb, myalgia and myositis, and psychogenic pain associated with an industrial injury on March 18, 2008. Treatment to date includes oral and topical analgesics, muscle relaxants, home exercises, acupuncture, bilateral carpal tunnel release, trigger finger release, and cortisone injections. Utilization review dated July 19, 2013 denied request for Flexeril 10mg #30 x 5 refills because spasms were not documented and prolonged use is not recommended. Request for Lidoderm patch 5% #60 x 5 refills was denied because it is not the first-line of treatment for neuropathic pain. Request for hydrocodone/APAP 10/325 mg #60 x 3 refills was modified to #30 x 2 refills for weaning due to suspected opioid hyperalgesia. Guidelines do not support using two opiates at the same time instead of the first-line treatment. Medical records from 2012 to 2013 were reviewed and showed significant pain in the right hand and locking of the thumb and the index finger. The patient was unable to do basic gripping and grasping. Most recent progress notes show that the patient has been experiencing flare ups of right upper extremity pain. Physical examination showed the right thumb and index finger click and lock with flexion. There is pain over the A1 pulley and hypersensitivity of the hand and forearm. The patient has been taking hydrocodone alternated with Tylenol with codeine for more severe flares of pain; Flexeril for muscle spasm; Lidoderm for neuropathic pain; and ibuprofen 800mg as an anti-inflammatory as far back as August 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/ACETAMINOPHEN 10/325MG (#60 X 3 REFILLS) QTY:240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines page 80, opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). The lowest possible dose should be prescribed to improve pain and function. Page 78 state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking 2 opiates for pain relief as far back as August 2012. She alternates hydrocodone/APAP 10/325mg with Tylenol #3 (Tylenol with codeine) for severe pain. However, recent progress notes did not indicate functional gains from the use of this medication such as improved ability to perform activities of daily living or decrease in pain perception. Guidelines do not support the use of two opiates at the same time without clear functional benefit. Moreover, there was no documentation of failure of first-line medications. Therefore, the request for hydrocodone/acetaminophen 10/325mg #60 x 3 refills is not medically necessary.

**FLEXERIL 10MG (#30 X 5 REFILLS) QTY :180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. In this case, medical records provided did not show complaints of muscle spasms. In addition, there has not been a significant evidence stating the functional benefits derived from Flexeril. The patient has been on this medication as far back as August 2012 and has been prescribed this medication up to July 2013 without any indication for long-term use. Therefore, the request for Flexeril 10mg #30 x 5 refills is not medically necessary.

**LIDODERM PATCH 5% (#60 X 5 REFILLS) QTY: 360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, pages 56-57.

**Decision rationale:** As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm is 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 Anti-Epilepsy Drugs (AEDs) such as gabapentin or Lyrica). In this case, the patient has been utilizing Lidoderm since August 2012. However, recent progress notes did not demonstrate any objective findings of neuropathic pain; there was no neurologic exam to highlight the deficits of the patient. Lidoderm is not recommended as a first-line treatment for pain. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Lidoderm is not medically necessary.