

Case Number:	CM13-0028932		
Date Assigned:	06/09/2014	Date of Injury:	06/30/2011
Decision Date:	07/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 34 year old female who was injured from repetitive movements with her hands and wrists leading up to 6/30/2011. She was later diagnosed with right wrist sprain and triangular fibrocartilage complex (TFCC) tear of the right wrist causing chronic wrist pain. She was treated with oral analgesics (opioids and NSAIDs), surgery (4/12/12, 6/4/13), Cymbalta, Lyrica, and physical therapy following the surgery. On 7/22/13, the worker was seen by her orthopedic surgeon reporting that she had completed 4 sessions of physical therapy following her most recent surgery, and felt the therapist pushed her too hard leading her to have more pain in her right wrist and continued to have swelling and stiffness as well, even while using her medications (Cymbalta, Diclofenac, Hydrocodone, and Omeprazole). Physical examination revealed tenderness and swelling of right wrist and healed incisions on right wrist. She was then prescribed her current medications, but added Terocin lotion to help with her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The worker had been using this medication following her recent surgery which is warranted but continuation beyond normal healing time is not recommended in general, as was the case with this worker. Also, there was no objective evidence of functional and pain-relief benefits from this medication documented in the notes available for review in order to justify continuation. Therefore, the Norco is not medically necessary.

PRILOSEC 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. Although the worker's was using high dose NSAIDs while taking prilosec, it is not generally recommended to chronically use NSAIDs unless treating osteoarthritis, which the worker does not have. As I am also suggesting that her Voltaren use is not medically necessary, the use of the Prilosec automatically becomes not necessary.

TEROCIN CREAM #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) pp. 56-57, Topical Analgesics p. 112 Page(s): 56-57, 112.

Decision rationale: Terocin is a combination topical agent used for controlling pain and included lidocaine and menthol. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is

not recommended for non-neuropathic pain as studies showed no superiority over placebo. The worker in this case had experienced a worsening of pain leading up to the request for Terocin use, but no evidence suggested that the worker was experiencing neuropathic pain, nor was the physical examination indicative of such. Therefore the Terocin cream is not medically necessary.

VOLTAREN XR 100MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting inflammatory pain if the patient is experiencing an acute exacerbation if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The worker in this case had been using this medication after her surgery, but continued it beyond what is necessary. No quantifiable evidence was seen in the documents provided for functional benefit as well as pain relief with use of this medication. Over the counter Tylenol could be recommended for her recent flare-up, and chronic high doses of Voltaren is not appropriate and not medically necessary.