

Case Number:	CM13-0030922		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2002
Decision Date:	03/18/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

Primary treating physician's progress report dated 09/06/13 indicates that the claimant complains of bilateral wrist pain. The pain and activity level has remained unchanged since the last visit. Quality of sleep is poor. Current medications include Lidoderm patch 5 percent, Naproxen sodium, Soma, Norco, Trazodone, and Voltaren 1 percent gel. Examination reveals positive Tinel's sign, mild swelling of wrist joint, tenderness in the radial side of wrist, and patchy distribution of light touch sensation. Provider notes that the claimant is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Provider prescribes the following medications including Norco as this medication reduces the claimant's pain from 10/10 to 5/10, work in full time, and do chores around the house; Naproxen as this medication reduces the claimant's pain from 10/10 to 5/10 and reduces swelling of the hands/wrists; Soma as this medication reduces the muscle spasms in the arms from 10/10 to 4/10 and helps in doing things that require more dexterity; Voltaren as this medication reduces the pain from 9/10 to 6/10 and helps the claimant get through the day with less opiates, Lidoderm as this medication reduces the pain from 10/10 to 3/10 and helps the claimant to continue full time work; and Trazodone as it helps get 7-8 hours of sleep. USD confirmation is consistent. Provider prescribes Norco 10/325mg #120 1 four times a day as needed #240, Trazodone 50mg tab 1/2 to 1 tab PO QHS PRN #30 ref 1, and Soma 350mg 1 tab twice daily as needed #60 ref 1. The patient is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46 & 47.

Decision rationale: NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. All NSAIDs have U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. There is no rationale provided in the documentation submitted to support the medical necessity of concurrent use of two oral NSAIDs along with a topical NSAID. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) and none of these tests were performed based on the medical records reviewed. There is no documentation of any functional improvement or reduction in the need of pain medication while taking Naproxen. Therefore, the request for Naproxen sodium 550mg tab is not medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

Decision rationale: The injured worker does not have any evidence of acute myospasm or acute pain or break-through pain for which the use of Soma is indicated. Besides, Soma is not recommended for longer than a 2 to 3 week period according to the guidelines. There is no documentation of any functional improvement and a decrease in the need or pain medication while taking Soma for pain. Therefore, the request for Soma 350mg tablet is not medically necessary.

Voltaren 1% gel: 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 based on Non-MTUS Citation ODG, Pain Chapter

Decision rationale: Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder. Like all topical analgesics, it is only recommended as a second line treatment after a trial of oral NSAIDs or acetaminophen for chronic pain has failed, and there is no documentation that this is the case in this patient. ODG guideline stated the use of oral NSAIDs concomitantly with topical agents is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Therefore, the request for Voltaren Gel 1% 100gr tubes #3, is not medically necessary.

Lidoderm 5%: 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 based on Non-MTUS Citation ODG, Pain Chapter

Decision rationale: Regarding the request for Lidoderm Patch, it is recommended for treatment of Neuropathic pain as well as 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). There is no documentation that this recommendation was followed. Therefore, the request for Lidoderm 5% patch is not medically necessary.

Trazodone 50mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: With respect Trazodone 50mg tablet long term use is not supported by the guidelines. ODG states amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use. According to the notes, .this medication . is being prescribed for treatment of insomnia. However, the medical records received do not document attempts at-good sleep hygiene or that the use of this medication has been beneficial for the patient. It is unclear why the patient requires more than one sleep aide medication. Additionally, sleep aides are not recommended for long-term use. Therefore, the request for Trazodone 50mg tablet is not medically necessary.