

Case Number:	CM13-0060290		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2008
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral wrist pain, carpal tunnel syndrome, elbow epicondylitis, and ulnar neuritis reportedly associated with an industrial injury of February 14, 2008. The applicant also alleged derivative anxiety and depression, it is noted. He is receiving psychotropic medications for the same. Thus far, the applicant has been treated with the following: Analgesic medications; wrist braces; adjuvant medications; a TENS unit; earlier right carpal tunnel release surgery; and extensive periods of time off of work. In a clinical progress note of November 25, 2013, the applicant reports persistent wrist pain, depression, and anxiety, exacerbated by cold weather and activity. 5-/5 bilateral thumb strength was noted with 5/5 strength appreciated about the remainder of the upper extremities. Norco, Neurontin, and a TENS unit patch were endorsed, along with topical applications of heat and cold. The applicant was described as currently retired from a former place of employment and is reportedly not working. Permanent work restrictions had previously been imposed, it was noted. In a September 17, 2013 progress note, the applicant is described as 50 years old. She is receiving disability and not working, it was noted. The applicant reportedly required assistance from family members to perform chores. The applicant was having constant wrist pain, 8/10, which is interfering with driving and activities, it is further noted. The applicant was further depressed and using Effexor, it was also incidentally noted. Medications, including Norco, Soma, Restoril, and Neurontin were prescribed. In an earlier note of August 15, 2013, the applicant was described as using Restoril, Soma, Norco, Neurontin, Medrox, and Terocin at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY: 120..00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management topic Page(s): 78,80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduce pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is receiving disability benefits, both through the Worker's Compensation system and through the Disability system. The applicant's ability to perform even basic household chores, including gripping, grasping, and preparing meals, is still limited, despite ongoing opioid usage. Continuing the same, on balance, is not indicated. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that caution should be exercised in prescribing opioids to applicants with comorbid psychiatric issues. In this case, the applicant does have ongoing psychiatric issues. Therefore, the request is not certified, for all of the stated reasons.

TEROCIN PATCHES QTY: 20.00: 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 Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical agent such as Terocin are deemed, as a class, "large experimental." In this case, the applicant has previously used Terocin despite the unfavorable MTUS recommendation. The applicant has, however, failed to affect any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work. The applicant's work status and work restrictions are unchanged. The applicant remains highly reliant and dependent on various opioid and non- opioid medications. Therefore, the request for Terocin is not certified both owing to the unfavorable MTUS recommendation as well as owing to the lack of functional improvement achieved despite prior usage of the same.

LIDOPRO CREAM 40Z QTY:1.00: 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 Topical Analgesics Page(s): 111.

Decision rationale: As with the request for Terocin, the applicant has failed to demonstrate a favorable response to previous usages of Lidopro. The applicant remains off of work. The applicant remains highly reliant on various analgesic and psychotropic medications. All the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Lidopro. It is further noted that page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems topical analgesics, as a class, largely experimental. For all of the stated reasons, then, the request for Lidopro is not certified.