

Case Number:	CM14-0004656		
Date Assigned:	01/22/2014	Date of Injury:	01/24/2003
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 56 year old female who reported an injury on 01/24/2003 due to an unknown mechanism. The clinical note dated 12/17/2013 indicated diagnoses of ongoing cubital syndrome in the right elbow, history of bilateral carpal tunnel releases with ongoing symptoms with diminished grip strength and atrophy in the hands, chronic tenosynovitis or de Quervain's tenosynovitis in the bilateral wrists, history of constipation from narcotic use, stable with stool softeners, history of depression and anxiety disorder and fibromyalgia, nonindustrial, history of pulmonary embolism-on Coumadin and status post recent placement of an IV filter, non-industrial. The injured worker reported constant pain in both upper extremities, wrists and hands that she rated at 8/10. She also reported difficulty gripping, grasping and picking up items. The injured worker reported she had constant throbbing in her upper extremities. She reported she was unable to function without pain medication. The injured worker reported she had been weaned down to the very lowest dose of narcotic that maintained her. The injured worker reported at least 50% functional improvement with taking her medication versus not taking them. The exam of her upper extremities revealed a positive Tinel's sign at the ulnar groove. There was a positive Phalen and Tinel sign at the right hand. The injured worker reported pain to both wrist with the Finkelstein maneuver. The passive range of motion of the wrist was very painful on flexion to extension. The medication regimen included Duragesic patch, Oxycodone, Colace, Senokot 2, Tegaderm and Lyrica. The clinical note indicated the injured worker remained under a narcotic contract and her urine drug screens were appropriate. The request for authorization was submitted on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 15MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. The injured worker reported 8/10 pain in spite of medications. Therefore, per CA MTUS guidelines, the request for Oxycodone IR 15mg #120 is not medically necessary.

UNKNOWN PRESCRIPTION OF TEGADERM PATCH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Wound Dressing.

Decision rationale: The Official Disability Guidelines (ODG) note there are only weak levels of evidence on the clinical efficacy of modern dressing compared with saline or paraffin gauze in terms of healing with the exception of hydrocolloids. There was no evidence that any of the modern dressings was better than another, or better than saline or paraffin gauze, in terms of general performance criteria. It was unclear as to what the tegaderm would be used for. In addition, the request does not indicate a quantity of patches. Therefore, the request for tegaderm patch is not medically necessary.

LYRICA 75MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state Lyrica is recommended for neuropathic pain due to nerve damage and is considered a first line treatment for neuropathic pain. The CA MTUS guidelines also indicate a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for a switch to a different first-line agent or combination therapy if treatment with a single drug agent fails. The clinical records indicated neuropathic pain in the upper extremities and the injured worker reported a 50% reduction in pain. However, the request did not provide quantity the number of tablets being requested. Therefore, per the CA MTUS guidelines, the request for Lyrica 75mg is not medically necessary.