

Case Number:	CM14-0103934		
Date Assigned:	07/30/2014	Date of Injury:	12/09/2008
Decision Date:	09/12/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 35-year-old female who reported an injury on 12/09/2008. The mechanism of injury was not provided within the medical records. The clinical note indicated a diagnosis of left upper extremity complex regional pain syndrome (CRPS), cervical degenerative disc disease, left shoulder subacromial bursitis, left elbow radial fracture with malunion, left-sided carpal tunnel syndrome, and left de Quervain's tenosynovitis. The injured worker reported persistent neck pain and left upper extremity symptoms, which she rated 8/10 to 9/10. The injured worker reported the pain radiated with numbness down the left arm to the hand. The injured worker reported she had six visits of chiropractic treatment, which helped decrease her pain temporarily. The reported having tried acupuncture, which did not help. The injured worker reported she used a TENS unit during therapy and it helped a lot. The injured worker reported while she used the TENS unit during therapy, she was able to decrease her medications. The injured worker reported she took Norco, gabapentin, Docuprene, and LidoPro cream, and the medications helped to decrease her pain about 50%, and allowed her to increase her activity level. The injured worker reported the cream helped her most out of all her medications. The injured worker reported occasional constipation with medication use. However, that was controlled with Docuprene. On physical examination, the injured worker's left arm was swollen throughout below the elbow when compared other right arm. There was some right mottling of the left dorsal hand. There was tenderness to palpation of the left-sided cervical paraspinal muscles and left trapezius. The injured worker's range of motion of the cervical spine was decreased throughout all planes and there was decreased sensation to the left upper extremity throughout. The injured worker's motor exam was limited by pain in the bilateral upper extremities. The injured worker has an opiate agreement that was signed and dated on

06/10/2014. The injured worker's treatment plan included a trial for a spinal cord stimulator, medication refills, and follow-up in 3 months. The injured worker's prior treatments included diagnostic imaging and medication management, and chiropractic therapy, and acupuncture. The injured worker's medication regimen included Hydrocodone/APAP, Gabapentin, and LidoPro topical ointment. The provider submitted a request for the above medications. A Request for Authorization dated 06/10/2014 was submitted for the above medications. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (specific drug list/criteria for use) Page(s): 78, 91.

Decision rationale: The request for Hydrocodone/APAP 5/325 mg, #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going 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. The injured worker reported medications helped decrease her pain and allowed her to increase her activity. However, it was not indicated how long the injured worker had been utilizing these medications. In addition, the injured worker's medications were modified for weaning on 06/20/2014. The provider has had ample time to wean the injured worker. Furthermore, the request does not indicate a frequency. Therefore, the request for Hydrocodone/APAP is not medically necessary.

Gabapentin 600mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: The request for Gabapentin 600 mg, #60 is not medically necessary. The California MTUS guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The injured worker reported medications helped decrease her pain and allowed her to increase her activity. However, it was not indicated how long the injured worker had been utilizing these medications. Furthermore, the request does not indicate a frequency. Therefore, the request for Gabapentin is not medically necessary.

Lidopro Topical Ointment 4oz, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for LidoPro Topical Ointment 4 oz, #1 is not medically necessary. LidoPro is a topical analgesic containing capsaicin / lidocaine / menthol / methyl salicylate. Randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be 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 AED such as gabapentin or Lyrica). Capsaicin is generally available as a 0.025% formulation, primarily stated for postherpetic neuralgia, diabetic neuropathy, and post-mastectomy pain. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for postherpetic neuralgia, diabetic painful neuropathy, or post-mastectomy pain. In addition, LidoPro topical ointment contains lidocaine. The guidelines recommend lidocaine in the formulation of the dermal patch Lidoderm. Therefore, lidocaine is not recommended per the guidelines. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, the request did not provide a frequency or quantity. Therefore, the request for LidoPro topical ointment is not medically necessary.