

Case Number:	CM14-0013700		
Date Assigned:	02/26/2014	Date of Injury:	06/03/2007
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal Medicine and is licensed to practice in Virginia and the District of Columbia. 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:

This is a 66 year old patient who sustained injury on June 3 2007 and then developed worsening right sided wrist pain. He was found to have internal derangement of his right wrist. She was seen by [REDACTED] on Sept 17 2013 and was prescribed Norco 10mg qid prn and Celebrex 200mg bid. [REDACTED] saw the patient on Jan7 2014 and prescribed Norco, Lidoderm 5% patch and Celebrex. The patient was noted to have decreased grip strength with tenderness to palpation. From the clinical documentation provided, the patient was referred to an orthopedist for reevaluation to address alternate treatment options.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH #30 WITH 2 REFILLS: 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, , 56, 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <9792.2-.6> Page(s): 56-57.

Decision rationale: Per MTUS, Lidoderm® is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. For more information and references, see Topical analgesics. From the documentation provided, there is no evidence that patient had a trial of SNRI or tricyclic anti-depressant or an AED. This is therefore not deemed medically needed.

NORCO 10/325MG, #120 WITH 2 REFILLS: 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, , 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.2-.6> Page(s): 91.

Decision rationale: Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. The patient was found to have pain and internal derangement as a result. From the documentation provided, the patient was on this medication for at least 4 months which would exceed the time duration of short term opiate administration. Given that the patient did not demonstrate improvement while on this medication, the medication duration was not warranted. The request is not medically necessary.

CELEBREX 200MG, #60 WITH 2 REFILLS: 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, , 70

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <9792.2-.6> Page(s): <70, 21.

Decision rationale: The patient was found to have pain and internal derangement as a result. From the documentation provided, the patient was on this medication for at least 4 months which would exceed the time duration of COX 2 inhibitor administration. Given that the patient did not demonstrate improvement while on this medication, the medication duration was not warranted and increased the patient's risk of GI bleeding. The request is not medically necessary.