

Case Number:	CM14-0031644		
Date Assigned:	06/20/2014	Date of Injury:	06/03/2009
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/13/2014

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 Orthopedic Surgery, 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 injured worker is a 50-year-old female was reportedly injured on June 3, 2009. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 28, 2014, indicates that there are ongoing complaints of bilateral upper extremity pain. There were complaints of hives from using a Butrans patch. There was no focused physical examination performed. Current medications were stated to include Capsaicin Cream, Ketamine Cream, Pantoprazole, Ondansetron, Cyclobenzaprine, Pristiq, Seroquel, Lidoderm, Lyrica, and Ativan. There was a diagnosis of carpal tunnel syndrome, repetitive strain injury to the upper extremities, lesion of the ulnar nerve, and psychogenic pain. Fentanyl patches were prescribed. A urine drug screen was recommended. Previous treatment includes a bilateral carpal tunnel release and the right-sided ulnar nerve release. A request had been made for Capsaicin cream, Ketamine cream, Lyrica, Lidoderm patches, and Buprenorphine and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 12/17/13 Bupremorphine HCL 2mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BuTrans or Bupremorphine, When to continue Opioids Page(s): 80-81. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG) 2014 Online Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 26 of 127.

Decision rationale: Buprenorphine is a schedule three-controlled substance recommended for the treatment of opioid addiction or as an option for chronic pain after detoxification in people have had opioid addiction. Although the attached medical record does indicate some potential doctor shopping for narcotics the injured employee has not been through a detoxification program for opioid addiction. This request for Buprenorphine is not medically necessary.

Retrospective 12/17/13 Lidoderm Patches 5% QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Lidoderm patches are recommended for the treatment of localized peripheral pain after evidence of a trial of a first line medication such as an antidepressant or anti-epileptic drug has failed to show relief. Further research is stated to be needed to recommend this treatment for chronic neuropathic pain disorders. The injured employee does have chronic upper extremity neuropathic pain. Therefore this request for Lidoderm patches is not medically necessary at this time.

Retrospective 12/17/13 Lyrica 75mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 6-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26, (Effective July 18, 2009) Page(s): 20 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lyrica has been shown to be effective in the treatment of both diabetic neuropathy and postherpetic neuralgia. It has no other approved usages. As the injured employee has neither diabetic neuropathy nor postherpetic neuralgia, this request for Lyrica is not medically necessary.

Retrospective 12/17/13 Ketamine 5% QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page 111-113 Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 113 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical Ketamine is under study and is only recommended for the treatment of neuropathic pain and refractory cases in which all primary and secondary treatment has been exhausted. The injured employees taking multiple medications for her condition; and it has not been stated that all of these have failed to provide any relief. This request for topical Ketamine is not medically necessary.

Retrospective 12/17/13 Capsaicin 0.075% cream 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 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: As with the request for Ketamine cream topical Capsaicin is only recommended as an option in patients who have not responded or are intolerant of other treatments. The injured employee is taking multiple medications for her condition and it has not been stated that all of these have failed to provide any relief. This request for Capsaicin cream is not medically necessary.