

Case Number:	CM14-0031833		
Date Assigned:	06/20/2014	Date of Injury:	12/11/2001
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a female with the date of injury of December 11, 2001. A Visit Note dated February 12, 2014 identifies subjective complaints of right elbow pain and bilateral wrist pain. She states medications are working well. No side effects reported. Objective findings identify tenderness to palpation is noted over the lateral epicondyle and medial epicondyle. Phalen's and Tinel's sign is positive over both wrists. Motor strength of grip is 4/5 on both sides. Light touch sensation is decreased over median nerve distributions in the hands on both sides. Diagnoses identify lateral epicondylitis, medial epicondylitis, carpal tunnel syndrome, and ulnar neuropathy. Treatment Plan identifies prescriptions for Norco, Lyrica, Lidoderm patch 5%, and Trazodone. Risks of aberrant use were discussed.

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 three (3) Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 112.

Decision rationale: Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

Lyrica 200mg #120 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (Pregabalin), Anti-Epilepsy Agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Lyrica is not medically necessary.

Norco 10-325mg #60 with one (1) refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, Criteria for use of Opioids Page(s): 76-79, 120.

Decision rationale: Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS). Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.

Trazodone 50mg #30 with one (1) Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trazodone (Desyrel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Within the documentation available for review, there is no identification that the Trazodone provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction

in opiate medication use, or improvement in psychological well-being. Additionally, if the Trazodone is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Trazodone is not medically necessary.