

Case Number:	CM14-0032526		
Date Assigned:	06/20/2014	Date of Injury:	12/05/2008
Decision Date:	07/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine 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 70 year-old female with a date of injury of 12/05/2008. The medical document associated with the request for authorization, dated 02/14/2014, lists subjective complaints as left upper extremity pain. The patient describes the pain as aching, sharp, shooting and stabbing. Her current pain is 5/10. Objective findings include: tenderness along the dorsal, ventral, medial, and lateral arm; reduced grip strength; and reduced range of motion due to pain. Her diagnoses include: reflex sympathetic dystrophy of upper limb (left); anxiety; and abnormality of gait/awkward gait. The patient states significant pain relief with functional improvements, reduced inflammation and muscle spasms and reduced insomnia with medications. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 02/07/2011: Norco 10/325mg #60; Lyrica 150mg #60; and Lidoderm 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, the request is not medically necessary.

1 prescription of Lyrica 150 mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 19-20.

Decision rationale: Guidelines state that Lyrica has FDA approval for painful diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. The patient has been taking Lyrica for her neuropathic pain with success. As such, the request is medically necessary.

1 prescription of Lidoderm 5% #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: Guidelines state that Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has documentation that the patient has undergone a trial of the first-line therapy Lyrica. According to her pain specialist, the patient gets significant relief from the combination of Lyrica and Lidoderm patches. As such, the request is medically necessary.