

<b>Case Number:</b>	CM14-0073606		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 and is licensed to practice in Nevada. 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 46-year-old female who was reportedly injured on March 19, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated July 1, 2014, indicated that there were ongoing complaints of left forearm pain. Pain stated to be 9/10 without medications and 8/10 with medications. Current medications include Norco, Ibuprofen, Gabapentin, and Lidoderm patches. The physical examination demonstrated tenderness over the left wrist especially at the medial aspect. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included left forearm surgery, home exercise, oral medications, and splinting. A request was made for Norco, Gabapentin, Lidoderm patches and Ibuprofen and was not certified in the pre-authorization process on May 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Gabapentin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Anti-Convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured worker does not have any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Gabapentin is not medically necessary.

**Lidoderm 5% Patches:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review, of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for Lidoderm patches is not medically necessary.

**Ibuprofen 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional

restoration can resume but long-term use may not be warranted. Considering that the injured workers' date of injury was in 2008, this request for continued use of Ibuprofen is not medically necessary.