

Case Number:	CM14-0098431		
Date Assigned:	07/28/2014	Date of Injury:	05/18/2006
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 05/18/2006. The mechanism of injury was not provided. On 01/06/2014 the injured worker was presented with left hand pain and difficulty sleeping. Medications included Norco, Lidoderm, Neurontin, and trazodone. The diagnoses were wrist pain, spasm of muscle and cervical pain. Upon examination the injured worker had trigger points with radiating pain and a twitch response over the paracervical paraspinal muscles. The provider recommended Norco, Lidoderm, Neurontin. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg with a quantity 90 is not medically necessary. The California MTUS Guidelines recommend the use of opiates for ongoing

management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, aberrant medication use and side-effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk aberrant drug abuse behavior and side-effects. Additionally the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Lidoderm 5% patch QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57-58.

Decision rationale: The request for Lidoderm 5% patch quantity 60 is not medically necessary. The California MTUS states Lidoderm is a brand name for a lidocaine patch. Topical lidocaine may be recommended for localized peripheral pain after there has evidence of a 1st line therapy trial to include tricyclic, an SNRI antidepressant or an AED such as gabapentin or Lyrica. This is not a 1st line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. The injured worker does not have a diagnosis congruent with the guideline recommendation for a Lidoderm patch. Additionally, the provider's request does not indicate the site that the Lidoderm patch was intended for, or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Neurontin 300mg QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-22.

Decision rationale: The request for Neurontin 30mg with a quantity of 60 is not medically necessary. The California MTUS states Neurontin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered a 1st line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side-effects incurred with use. The continued use of AEDs depend on improved outcomes versus tolerability and adverse effects. The efficacy of the medication is not documented. The provider's rationale was not provided within the medical documents for review. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.