

Case Number:	CM14-0098988		
Date Assigned:	08/08/2014	Date of Injury:	10/03/2006
Decision Date:	09/30/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 46-year-old female who reported an injury on 10/03/2006 by an unspecified mechanism. Injured worker's treatment history included medications, physical therapy, Electromyography/Nerve Conduction Study (EMG/NCS) studies and bone scan. The injured worker was evaluated on 05/29/2014 and was documented that the injured worker complained of continued significant pain to the bilateral upper extremities, right greater than left with pain extending up to the right shoulder, into the right neck and right scapular region. It was noted she gets headaches to the right side. The injured worker was having burning pain to lateral aspect of right foot and she continued with intermittent swelling to the right foot. She finds that applying heat helps with flare ups of pain. It was indicated that she was recently encouraged by treating clinician that she should try to undergo a sympathetic block of her right upper extremities CRPS pain. She had been reluctant to move forward with this procedure in the past as she was worried about potential risk, but now feels as though this might be a good therapeutic option. Physical examination: the skin to bilateral hands hyperemic and dystrophic. Right hand had mild atrophy, mild edema and hyperalgesia to the right forearm. The injured worker was unable to close fist completely with either hand. The injured worker was wearing hard wrist brace to the right arm. Medications included Flector Transdermal Patches, Hydrocodone, Lidoderm Patches, Ativan, Trazodone, and Voltaren Gel. The provider failed to indicate vascular measures while injured workers on medications. Diagnoses included psychalgia, depressive disorders, complex regional pain syndrome, shoulder/hand syndrome, carpal tunnel syndrome, and chronic pain syndrome. The request for authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 Q4H #100 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

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

Decision rationale: The request for Hydrocodone/APAP 10/325 Q4H #100 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for "ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief for the injured worker. There was no urine drug screen for opioid compliance. There was lack of documentation of long-term functional improvement goals for the injured worker. Given the above, the request for Hydrocodone/APAP 10/325 mg Q 4 H # 100 with 3 refills is not medically necessary.

Lidoderm 5% (700mg/patch) 1 to 2 patches Q12H #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112..

Decision rationale: The request for Lidoderm 5% (700mg/patch) 1 to 2 patches Q12H #60 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed ointment contains lidocaine. Furthermore, there was no documentation provided on conservative care measures such as physical therapy, pain management or home exercise regimen. Lidoderm Patches are recommended of a trial of first-line therapy however it is for diabetic neuropathy pain. As such, the request for Lidoderm Patches 5 % (700 mg/ patch) 1 to 2 patches Q 12 H. #60 with 3 refills is not medically necessary.

Lorazapem 1mg QD #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Lorazepam 1 mg QD # 30 with 3 refills is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines does not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documents submitted for review lacked evidence of how long the injured worker has been using Benzodiazepines. The documents submitted failed to include, pain management, physical therapy, and a home exercise regimen. Given the above, the request for Lorazepam is not medically necessary.