

Case Number:	CM13-0046196		
Date Assigned:	07/07/2014	Date of Injury:	01/08/2002
Decision Date:	10/14/2015	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53-year-old female sustained an industrial injury on 1-8-02. Documentation indicated that the injured worker was receiving treatment for injuries to the right upper extremity and right shoulder tendinitis. Previous treatment included right De Quervain's release and right carpal tunnel release (7-22-04), acupuncture and medications. In a PR-2 dated 8-24-13, the injured worker complained of right shoulder pain with occasional popping and clicking and right wrist pain. The injured worker had completed 12 sessions of acupuncture and reported less pain for 2-3 days after acupuncture sessions. Physical exam was remarkable for right shoulder with tenderness to palpation, crepitus and range of motion: flexion 140, extension 40, internal rotation 60 and external rotation 70. Right wrist exam showed tenderness to palpation with range of motion: flexion 50 and extension 50. The injured worker did not take any medications during that time. The treatment plan included refilling Vicodin ES and Lidoderm and requesting authorization for additional acupuncture. In a PR-2 dated 10-4-13, the injured worker complained of a flare up of right hand and wrist pain. Physical exam was remarkable a palpable soft mass on the dorsal side of the right thumb. X-rays of the right hand were within normal limits. The treatment plan included continuing acupuncture. On 10-25-13, Utilization Review modified a request for Vicodin ES 7.5-750mg to Vicodin ES 7.5-750mg x one month supply and non-certified a request for Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5/750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2002 and continues to be treated for right shoulder and wrist pain. She underwent a right deQuervain and carpal tunnel release in July 2004. When seen, she had completed 12 acupuncture sessions. She was having occasional shoulder popping and clicking and was having wrist pain. Physical examination findings included wrist tenderness with decreased range of motion. There was right shoulder crepitus and positive cross arm testing. Vicodin and Lidoderm were refilled. Additional acupuncture treatment was requested. In October 2013 she was having a flare-up of hand and wrist pain. There was a soft mass over the dorsal right thumb. Vicodin (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2002 and continues to be treated for right shoulder and wrist pain. She underwent a right deQuervain and carpal tunnel release in July 2004. When seen, she had completed 12 acupuncture sessions. She was having occasional shoulder popping and clicking and was having wrist pain. Physical examination findings included wrist tenderness with decreased range of motion. There was right shoulder crepitus and positive cross arm testing. Vicodin and Lidoderm were refilled. Additional acupuncture treatment was requested. In October 2013 she was having a flare-up of hand and wrist pain. There was a soft mass over the dorsal right thumb. Topical Lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as Gabapentin or Lyrica. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered and no apparent contraindication to alternative oral medications. Lidoderm was not medically necessary.