

Case Number:	CM15-0001310		
Date Assigned:	01/12/2015	Date of Injury:	09/23/2010
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41 year old female, who sustained an industrial injury on 09/23/2010. She has reported bilateral hand pain. The diagnoses have included carpal tunnel syndrome, neuralgia, neuritis and radiculitis not otherwise specified, pain in limb, reflex sympathetic dystrophy of upper limb and encounter for long term use of other medications. Treatment to date has included carpal tunnel injections, right carpal tunnel release, physical therapy, nerve conduction studies and medication management. Currently, the IW complains of bilateral upper extremity pain. Treatment plan included second opinion with hand surgeon and medication refills. She utilizes Lidoderm 1-2 per day which is reported to be very effective. She is reported to use Tramadol 1 per day prn which is helpful, but used sparingly due to sedation. There is no history of misuse. She was recently changed to Lyrica due to sedation from Neurontin. On 12/17/2014 Utilization Review non-certified Lidoderm 5% patch %700mg/patch unspecified quantity 2 refills and Tramadol HCL 50mg unspecified quantity with 2 refills, noting not medically necessary . The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On 01/05/2015 the injured worker submitted an application for IMR for review of Lidoderm 5% patch %700mg/patch unspecified quantity 2 refills and Tramadol HCL 50mg unspecified quantity with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch (700mg/patch (unspecified quantity): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113..

Decision rationale: Topical Lidoderm is MTUS Guideline supported if there is localized neuropathic pain and trials of oral medications have not been adequately successful. The patches are clearly documented as very helpful and various oral medications for neuropathic pain have been trialed. This patient meets guideline criteria for the use of Lidoderm 5% patches 1-2 per day. Guidelines do not address the issue of how many units prescribed are appropriate if a medication is utilized as directed. The Lidoderm 5% patches (unspecified quantity) are medically necessary.

Tramado HCL 50mg (unspecified quantity) Refill 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the judicious use of opioids when there is meaningful pain relief, functional benefits and no drug related aberrant behaviors. Although complete documentation of functional benefits are lacking, it is documented that its use is beneficial for pain relief. It is also clearly documented that use is limited to 1-2 tabs per day prn and there are no aberrant drug related behaviors. With the very limited use, the documentation although limited, is adequate to justify ongoing use. Guidelines do not address what is a reasonable quantity to prescribe when a long term medication is medically appropriate and it is being utilized as directed. Under these circumstances, the Tramadol HCL 50mg. (unspecified quantity) refill 2 is medically necessary.