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| <b>Case Number:</b>   | CM15-0002303 |                              |            |
| <b>Date Assigned:</b> | 01/13/2015   | <b>Date of Injury:</b>       | 12/01/2005 |
| <b>Decision Date:</b> | 03/11/2015   | <b>UR Denial Date:</b>       | 12/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/06/2015 |

### 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: 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 is a patient with a date of injury of December 1, 2005. A utilization review determination dated December 11, 2014 recommends noncertification of naproxen, Lidoderm, and Norco. A progress report dated November 24, 2014 identifies subjective complaints of upper extremity pain and bilateral carpal tunnel pain. The note indicates that medication reduces the patient's pain from 8-9/10 to 7/10. The note indicates that Norco has been beneficial for pain relief but does not completely relieve the patient's pain. Physical examination findings reveal reduced range of motion in the left shoulder with positive Phalen's test and Tinel's sign in the right wrist. The left wrist has positive Phalen's test and negative Tinel's sign. Diagnoses included bilateral wrist and forearm tendinitis, bilateral carpal tunnel syndrome, right lateral epicondylitis, bilateral shoulder strain, depression and anxiety, and gastrointestinal upset due to medications. The treatment plan's recommends continuing Norco. The note indicates that the patient is being transitioned from Percocet to Norco. Additionally, naproxen is recommended as well as Lidoderm patch and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

**Lidoderm 5% patch 700mg, 10 x 14cm, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding request for topical lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no side effects. Therefore, a one-month prescription of Norco is reasonable. However, ongoing use of Norco will require documentation of analgesic efficacy, objective functional improvement, discussion regarding aberrant use and side effects. In light of the above, the currently requested Norco is medically necessary.