

Case Number:	CM15-0103614		
Date Assigned:	06/08/2015	Date of Injury:	05/13/2013
Decision Date:	07/09/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/29/2015

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 57-year-old female who sustained an industrial injury on 05/13/2013. Treatment provided to date has included physical therapy, stellate ganglion block (04/17/2015), and medications. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/27/2015, physician progress report noted complaints of bilateral pain in the hands and wrist. Pain is rated as 7-9 (0-10) and described as constant, aching, stabbing, throbbing, and severe. Additional complaints include constant left thumb and third finger pain with tingling and stiffness with increased pain with use of hands, severe depression, anxiety, frustration and stress due to the pain and inability to work. There was also stomach complaints due to the stress. A recent stellate ganglion block was reported to provide 20-50% overall improvement in symptoms. The injured worker reported that the pain interferes with activities of daily living. The physical exam revealed tenderness to palpation and swelling to the right hand, normal range of motion in the right hand, wrist and upper extremity, grip testing not possible bilaterally, allodynia present and discoloration present in the right upper extremity, temperature changes in the right hand/fingers, decreased thumb abduction, and no hyperhidrosis in bilateral hands. The provider noted diagnoses of complex regional pain syndrome - right upper extremity, and chronic pain syndrome. Plan of care includes a trial of acupuncture, follow-up and continued medications (Norco and Lidocaine). The injured worker's work status remained not working. Requested treatments include Norco and Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #90 1 refill is determined to not be medically necessary.

Lidocaine 5% ointment #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

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

Decision rationale: Per MTUS guidelines, topical lidocaine is used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. The request for Lidocaine 5% ointment #60 is determined to not be medically necessary.