

Case Number:	CM15-0132250		
Date Assigned:	07/20/2015	Date of Injury:	04/21/2006
Decision Date:	09/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 53-year-old female patient, who sustained an industrial injury on 4/21/06. The diagnoses have included reflex sympathetic dystrophy of lower limb. She sustained the injury due to fell and hit the ground and twisted her left foot. Per the doctor's note dated 6/19/2015, she had complaints of chronic left lower extremity pain. The physical examination revealed left ankle-vasomotor changes, left foot hyperemic/purplish/red and painful toe movement. The medications list includes topamax and norco. She has undergone bilateral carpal tunnel surgery in 2004; left foot injection, trigger finger release in 2007 and 2006. She has had magnetic resonance imaging (MRI) of the left ankle 4/21/06 which revealed mild to moderate joint effusion. She has had transcutaneous electrical nerve stimulation unit, two lumbar and sympathetic blocks; injections; home exercise program; pool aerobics class and physical therapy for this injury. The request was for norco 5/325mg #120 and lidoderm 5 percent patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page 75-80, Opioids page 74, Short-acting opioids page 75.

Decision rationale: Norco 5/325mg #120. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "Opioid analgesics are a class of drugs (e.g., morphine, codeine, and methadone) that have a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain." In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." Patient had chronic left lower extremity pain with diagnosis of CRPS. She has significant objective findings on physical examination- left ankle- vasomotor changes, left foot hyperemic/purplish/red and painful toe movement. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." Patient is already taking Topamax (non-opioid medication). Patient has improved pain with medications. A low dose opioid has been prescribed. Therefore, based on the clinical information obtained for this review the request for Norco 5/325mg #120 is deemed medically appropriate and necessary for this patient at this time for Prn use.

Lidoderm 5% patches #30: Upheld

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 111-113, Lidoderm (lidocaine patch) page 56-57.

Decision rationale: Lidoderm 5% patches #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking topamax. Failure of antidepressants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm 5% patches #30 is not fully established for this patient and therefore not medically necessary.

