

<b>Case Number:</b>	CM15-0142738		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

### 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 27-year-old female who sustained an industrial injury on 5-9-12. She had complaints of right wrist and hand pain. Diagnoses: sprain and strain of wrist and hand and carpal tunnel syndrome. Progress report dated 6-8-15 reports continued complaints of right hand pain. The pain is reported as unchanged and she is not getting her medications. Detailed information with description of the pain is in handwritten form scanned into record but is not found within medical records provided. Medications listed: Pristiq 50 mg 1 every day, lidoderm 5% topical 1 to 3 patches every 12 hours as needed, and nucynta 50 mg 1 every 8 hours as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% topical film, 1-3 patches to skin for 12 hours, Qty: 90 refills: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30 and 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Lidocaine Page(s): 57, 112.

**Decision rationale:** The patient was injured on 05/09/12 and presents with right hand pain. The request is for LIDODERM 5% TOPICAL FILM, 1-3 PATCHES TO SKIN FOR 12 HOURS, QTY: 90 REFILLS: 3. There is no RFA provided and the patient's current work status is not provided. There is no indication of when the patient began using these patches. MTUS Guidelines, Lidoderm (lidocaine patch), page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome, documenting pain and function. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has a limited range of motion with her right upper extremity and soreness over the left forearm with rotation/grip. She is diagnosed with sprain and strain of wrist and hand and carpal tunnel syndrome. None of the reports provided indicate how Lidoderm patches impacted the patient's pain and function, nor is there any clear indication of when she began using these patches. Furthermore, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. The requested Lidoderm patch IS NOT medically necessary.

**Celebrex 200mg, 1-2 caps every day for pain, Qty: 60, refills: 2 for wrist pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The patient was injured on 05/09/12 and presents with right hand pain. The request is for CELEBREX 200 MG, 1-2 CAPS EVERY DAY FOR PAIN, QTY: 60 REFILLS: 2 FOR WRIST PAIN. There is no RFA provided and the patient's current work status is not provided. It is not clear when the patient began taking Celebrex. MTUS Guidelines, Anti-inflammatory Medications, page 22 states that anti-inflammatories are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "COX-2 inhibitors - e.g., Celebrex - may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost." The patient has a limited range of motion with her right upper extremity and soreness over the left forearm with rotation/grip. She is diagnosed with sprain and strain of wrist and hand and carpal tunnel syndrome. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no before and after pain scales and there is no discussion provided regarding how Celebrex has impacted the patient's pain and function. Therefore, the requested Celebrex IS NOT medically necessary.

**Nucynta 50mg, 01-1 tab every 8 hours as needed, Qty: 60, refills: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 05/09/12 and presents with right hand pain. The request is for NUCYNTA 50 mg, 1 TAB EVERY 8 HOURS AS NEEDED, QTY: 60 REFILLS: 0. There is no RFA provided and the patient's current work status is not provided. It is not clear when the patient began taking Nucynta. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 02/19/15 report states that the patient has no adverse effects and "no evidence of aberrant behaviors; Patient is benefitting from opiate therapy." Although the treater states that the patient does not have any adverse effects or aberrant behavior, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales. There are no examples of ADLs, which demonstrate medication efficacy, and there are no validated instruments used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The patient had a urine drug screen conducted on 02/19/15 and was compliant with her prescribed medications. However, the treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nucynta IS NOT medically necessary.

**Pristiq 50mg, 1 tab every day, Qty: 30, refills: 4 for symptoms related to the wrist as outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

**Decision rationale:** The patient was injured on 05/09/12 and presents with right hand pain. The request is for PRISTIQ 50 MG, 1 TAB EVERY DAY, QTY: 30, REFILLS: 4 FOR SYMPTOMS RELATED TO THE WRIST AS OUTPATIENT. There is no RFA provided and the patient's current work status is not provided. It is not clear when the patient began taking Pristiq. MTUS Guidelines, Antidepressants for Chronic Pain, pages 13-16 states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The patient has a limited range of motion with her right upper extremity and soreness over the left forearm with rotation/grip. She is diagnosed with sprain and strain of wrist and hand and carpal tunnel syndrome. MTUS does recommend use of SNRIs for chronic pain, but MTUS does not recommend continued treatment without documentation of functional improvement. None of the reports provided document efficacy as it relates to the use of Pristiq. Due to lack of documentation, the requested

Pristiq IS NOT medically necessary.