

Case Number:	CM15-0146445		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2002
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/27/2015

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, Illinois

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 49 year old female with an industrial injury dated 07-09-2002. The injured worker's diagnoses include wrist and carpal tunnel syndrome and upper arm joint pain. She has done the following tests of electromyography (EMG) /nerve conduction studies (NCS) of bilateral upper extremities, urine toxicology, laboratory studies. Treatments have included medications and work restrictions. In a progress note dated 06-25-2015, the injured worker presented for a follow up evaluation for bilateral wrist pain. The injured worker reported unchanged pain level since last visit. The injured worker rated pain 5 out of 10 with medications and a 9 out of 10 without medications. Right wrist exam revealed mild swelling, positive Tinel's sign and tenderness to palpitation over radial side and palmar aspect. Left wrist exam revealed positive Phalen's sign, positive Tinel's sign and tenderness to palpitation over palmar aspect. The treatment plan consisted of medication management .The treating physician prescribed Norco 10/325mg #180, Lidocaine 5% patch #30, Trazodone 50mg #30, Zanaflex 4mg #30 and Ibuprofen 600mg #60, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 Opioids Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 07-09-2002. Medical records provided indicate the diagnosis of wrist and carpal tunnel syndrome and upper arm joint pain. Treatments have included medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #180. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. When used for longer than 6 months, the MTUS recommends numerical documentation of pain and function comparing with baseline. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has used this medication at least since 2012, but with no overall improvement demonstrated with decrease in use of medications, reduction of work restrictions, or improvement in activities of daily living. The records do not indicate her pain and function are being compared with baseline and therefore is not medically necessary.

Lidocaine 5% patch #30: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 07-09-2002. Medical records provided indicate the diagnosis of wrist and carpal tunnel syndrome and upper arm joint pain. Treatments have included medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Lidocaine 5% patch #30. The topical analgesics are largely experimental drugs primarily recommended for treatment of neuropathic pain that has failed treatment with antidepressants and anticonvulsants. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS recommends Lidocaine 5% patch only for post-herpetic neuralgia, but not for other chronic neuropathic pain disorders and therefore is not medically necessary.

Trazodone 50mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Trazodone (Desyrel).

Decision rationale: The injured worker sustained a work related injury on 07-09-2002. Medical records provided indicate the diagnosis of wrist and carpal tunnel syndrome and upper arm joint pain. Treatments have included medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Trazodone 50mg #30. Trazodone is an antidepressant unrelated to the tricyclic antidepressants. The MTUS is silent on Trazodone, but the Official Disability Guidelines states it is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The medical records indicate the injured worker has sleep disorder, but no psychiatric disorder and therefore is not medically necessary.

Zanaflex 4mg #30: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker sustained a work related injury on 07-09-2002. Medical records provided indicate the diagnosis of wrist and carpal tunnel syndrome and upper arm joint pain. Treatments have included medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Zanaflex 4mg #30. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Zanaflex (Tizanidine) is a muscle relaxant with a recommended dosing of 4 mg initial dose; titrated gradually by 2 to 4 mg every 6 to 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, liver injury. The MTUS recommends monitoring for liver function at baseline, 1, 3, and 6 months. The medical records indicate the injured worker has been on this medication since at least 01/2015; there is no indication the injured worker is being treated for acute exacerbation of chronic low back pain and therefore is not medically necessary.

Ibuprofen 600mg #60: 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-81.

Decision rationale: The injured worker sustained a work related injury on 07-09-2002. Medical records provided indicate the diagnosis of wrist and carpal tunnel syndrome and upper arm joint pain. Treatments have included medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Ibuprofen 600mg #60. Ibuprofen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. When used for extended period, the MTUS recommends individuals are monitored for Blood count, Kidney and liver function. The medical records indicate the injured worker has been on this medication at least since 01/2015 without overall improvement and therefore is not medically necessary.