

Case Number:	CM15-0146930		
Date Assigned:	08/07/2015	Date of Injury:	09/29/2011
Decision Date:	09/04/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

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:

The injured worker is a 41-year-old female, who sustained an industrial injury on 9-29-2011. She reported overuse syndrome of the right upper extremity. Diagnoses include hand pain, carpal tunnel syndrome, and reflex sympathetic dystrophy (RSD). Treatments to date include Norco, topical patch, stellate ganglion block, and trigger point injections, psychological therapy, and physical therapy for the hand. Currently, she complained of ongoing pain in the upper back and right hand. Pain was rated 8 out of 10 VAS with medications and 9 out of 10 VAS without medications. Current medication listed included Lidoderm patch, Norco, Lorzone and Tylenol. On 7-16-15, the physical examination documented tenderness to the trapezius muscle with palpation with trigger points identified. The right elbow and wrist were noted as tender with a ganglion cyst palpation in the posterior forearm. Tinel's sign was noted as positive. The plan of care included a prescription for Norco 10-325mg #60 and Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 (2) Weaning of Medications, p124 Page(s): 76-80, 86, 124. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2):149-58.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for neck pain. Medications are referenced as decreasing pain from 9-10/10 to 6.5/10. In December 2014, continued tapering of Norco is referenced. When seen, pain was rated at 9/10 without medications and 8/10 with medications. There was cervical and trapezius muscle tenderness with trigger points. There was decreased and painful cervical spine range of motion. There was right wrist and elbow tenderness with positive Tinel's testing. There was decreased grip strength. Norco was continued at the same dose since December 2014. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing a clinically significant decreased level of pain, increased level of function, or improved quality of life. Although weaning is referenced, the dose being prescribed is unchanged over at least the past 6 months. Continued prescribing was not medically necessary.

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 (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for neck pain. Medications are referenced as decreasing pain from 9-10/10 to 6.5/10. In December 2014, continued tapering of Norco is referenced. When seen, pain was rated at 9/10 without medications and 8/10 with medications. There was cervical and trapezius muscle tenderness with trigger points. There was decreased and painful cervical spine range of motion. There was right wrist and elbow tenderness with positive Tinel's testing. There was decreased grip strength. Norco was continued at the same dose since December 2014. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, other topical treatments could be considered. Lidoderm was not medically necessary.