

Case Number:	CM15-0147776		
Date Assigned:	08/10/2015	Date of Injury:	12/16/2013
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 27-year-old female who sustained an industrial injury on 12-16-13. She reported left hand pain status post fall. The injured worker was diagnosed with reflex sympathetic dystrophy, unspecified. Diagnostic testing and treatment to date has included 3 phase bone scan, urine drug screening, spinal cord stimulator revision, left wrist surgery, platelet rich plasma injections, ganglion block, wrist brace, and pain medication management. Currently, the injured worker complains of constant moderate achy left wrist pain. Her diagnoses include status post left wrist de Quervains release, and left wrist neuralgia. Progress note of 06-10-15 reports she has excellent relief with the revised spinal cord stimulator. She wishes to decrease her medication intake, so her oxycontin will be discontinued and she is to use only Percocet with plans to taper. Requested treatments include 10 patches of Lidoderm 5% with 2 refills, and 240 tablets of Percocet 10/325mg with 2 refills. The injured worker is under temporary total disability. Date of Utilization Review: 07-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 patches of Lidoderm 5% with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for chronic upper extremity pain including a diagnosis of CRPS. When seen, she had improved after spinal cord stimulator revision three weeks before. She wanted to decrease her medications. There was mild left forearm, wrist, and hand swelling. There was tenderness and allodynia. She had improvement in movement of the wrist and hand. OxyContin was discontinued. Percocet was continued and the dose increased. The total MED (morphine equivalent dose) was decreased from 165 mg per day to 120 mg per day. 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 postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, other topical treatments would be appropriate and could be considered. Lidoderm was not medically necessary.

240 tablets of Percocet 10/325mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications, p124 Page(s): 124.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for chronic upper extremity pain including a diagnosis of CRPS. When seen, she had improved after spinal cord stimulator revision three weeks before. She wanted to decrease her medications. There was mild left forearm, wrist, and hand swelling. There was tenderness and allodynia. She had improvement in movement of the wrist and hand. OxyContin was discontinued. Percocet was continued and the dose increased. The total MED (morphine equivalent dose) was decreased from 165 mg per day to 120 mg per day. In this case, the claimant was being weaned from opioid medication after improving with use of a spinal cord stimulator. The total MED was 120 mg per day consistent with guideline recommendations and had been decreased appropriately. The requested Percocet for weaning was appropriate. However, providing two refills at the same dose is not consistent with the planned medication weaning and for this reason, it was not medically necessary.