

Case Number:	CM15-0184558		
Date Assigned:	09/25/2015	Date of Injury:	05/13/2011
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Arizona, 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:

The injured worker is a 60 year old female, who sustained an industrial injury on 5-13-2011. The injured worker is being treated for right third, fourth and fifth digit tenosynovitis, right third digit trigger finger, possibility of complex regional pain syndrome of the right wrist and hand, depression associates with chronic pain, and status post right rotator cuff repair. Treatment to date has included surgical intervention (rotator cuff repair), medications and modified work. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker returned with persistent low back pain radiating to the left gluteal region and posterior aspect of the left leg to the bottom of the left foot. She also has right shoulder pain radiating to the right upper extremity associated with tingling and numbness in the right hand. The combination of current medications is "helping for pain" and she is requesting a refill. Objective findings included an antalgic gait noted on the right. She is grossly protective of her right upper extremity. There was tenderness noted in the right wrist joint, AC joint and glenohumeral joint. On 5-28-2015, it is noted that since starting the Lidoderm patch she has had significant improvement in her pain. There is no pain rating documented on this date. On 7-01-2015, she rated her pain as 8 out of 10. Per the medical records dated 5-28-2015 to 8-04-2015, there is no documentation of functional improvement including an increase in activities of daily living or decrease in subjective pain level with the current treatment. The notes from the doctor do not document efficacy of the prescribed medications. Work status was modified. The plan of care included medications and authorization was requested for Omeprazole 20mg #30, Lidoderm patch 5% #30 and Norco 5-

325mg #30. On 8-19-2015, Utilization Review non-certified the request for Lidoderm patch 5% #30 and Norco 5-325mg #30, and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several without documentation significant improvement in pain scores or function. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

Omeprazole 20 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was not on NSAIDS. Therefore, the continued use of Omeprazole is not medically necessary.

Lidoderm Patch 5 Percent #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant remained on oral analgesics as well. The request for continued use of Lidoderm patches as above is not medically necessary.