

Case Number:	CM15-0186774		
Date Assigned:	09/28/2015	Date of Injury:	06/15/2004
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/22/2015

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 46 year old female, who sustained cumulative industrial injuries from 06-15-2004-07-15-2004. She has reported subsequent neck, bilateral upper extremity, low back and bilateral lower extremity pain and was diagnosed with complex regional pain syndrome of the bilateral upper extremities and chronic pain. Treatment to date has included oral and topical pain medication, spinal cord implantation and acupuncture. Acupuncture and medications were noted to be very helpful in decreasing pain and improving function. Documentation shows that Tylenol #3 and Lidocaine patches were prescribed since at least 01-28-2015. In a progress note dated 08-12-2015, the injured worker reported neck pain radiating to the bilateral upper extremities left greater than right with tingling and numbness in the bilateral extremities, low back pain radiating to the bilateral lower extremities and right wrist pain with muscle weakness and numbness. Pain was rated as 9 out of 10 without medications and 6 out of 10 with medications. The injured worker reported ongoing activity of daily living limitations with self-care and hygiene, activity, hand function, sleep, sex and mobility but medications were noted to be "very helpful in her functions and ADL's". Objective examination findings revealed tenderness to palpation of the right upper extremity and right hand, decreased range of motion of the right wrist and right hand due to pain, decreased strength of extensor muscles in the right upper extremity and decreased right grip strength. Work status was documented as off work. A request for authorization of Tylenol #3, #60 and Lidocaine 5% patch #30 was submitted. As per the 09-11-2015 utilization review, the requests for Tylenol #3, #60 and Lidocaine 5% patch #30 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3 #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 cumulative trauma work injury with date of injury in July 2004. She continues to be treated for chronic pain including a diagnosis of upper extremity CRPS and has a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10 and as helping with daily function including activities of daily living. When seen, she appeared to be in moderate distress. There was right hand tenderness. There was decreased and painful wrist and hand range of motion. There was decreased right upper extremity strength. Medications were refilled. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tylenol #3 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. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain and improved activities of daily living. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was 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 Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2004. She continues to be treated for chronic pain including a diagnosis of upper extremity CRPS and has a spinal cord stimulator. Medications are referenced as decreasing pain from 9/10 to 6/10 and as helping with daily function including activities of daily living. When seen, she appeared to be in moderate distress. There was right hand tenderness. There was decreased and painful wrist and hand range of motion. There was decreased right upper extremity strength. Medications were refilled. 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, there are other topical treatments that could be considered. Lidoderm is not considered medically necessary.