

Case Number:	CM15-0204944		
Date Assigned:	10/21/2015	Date of Injury:	08/17/2013
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female who sustained an industrial injury on 8-17-2013. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, pain in right shoulder and lesion of ulnar nerve. Per the progress report dated 9-15-2015, the injured worker complained of right shoulder and bilateral hand pain. She was using Hydrocodone, which reduced her pain from 9 out of 10 to 6 out of 10. According to the progress report dated 10-5-2015, the injured worker complained of numbness and pain in the right and left hands. She reported dropping things and frequent volar wrist pain. She stated that hand therapy did not help. She reported right hand spasms and that fingers "stick together." Objective findings (10-5-2015) revealed carpal tunnel testing with positive right greater than left Phalen, Tinel and Durkan carpal tunnel compression, increased volar wrist pain and finger tingling. Treatment has included shoulder surgery, hand therapy, bilateral wrist splinting and medications. Current medications (9-15-2015) included Lidocaine ointment, Mirtazapine, Cyclobenzaprine, Gabapentin and Norco (all since at least 6-2015). She was to change back to Tizanidine for better control over spasms. The request for authorization was dated 9-28-2015. The original Utilization Review (UR) (10-8-2015) denied requests for Tizanidine, Norco, Lidocaine ointment and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Gabapentin is not medically necessary based on the lack of any clear indication, the lack of any reports which address this medication, and the lack of significant symptomatic and functional benefit from its use, since at least 06/2015. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Lidocaine 5 percent ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics, such as the Lidoderm 5% patch, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, for example, NSAIDs, opioids, or antidepressants. Lidoderm is the brand name for a lidocaine patch. Topical lidocaine may be 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 patches are not a first-line treatment and are 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, medical necessity of the requested medication has not been established. The requested topical analgesic is not medically necessary.

Tizanidine 4mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has reported spasms on physical exam but the guideline criteria do not support the long-term use of muscle relaxants. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. In addition, there is no documentation of a maintained increase in function or decrease in pain with this medication. Medical necessity for the requested medication has not been established. The requested Tizanidine is not medically necessary.