

Case Number:	CM15-0023006		
Date Assigned:	02/12/2015	Date of Injury:	05/04/2010
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 05/04/2010, due to an unspecified mechanism of injury. On 02/09/2015, he presented for a follow up evaluation regarding his work related injury. He reported left hand pain that was noted to be about the same. He stated that he found Norco to be significantly helpful in reducing his pain, so that he could use his hand. He stated that the pain was better with his medications and that without medications it would be at an intensity of 8/10 and with medications it would be 4/10. Physical examination showed mild contractures in the web space with full extension of the fingers on the left hand. There was allodynia in the web space and thumb, and the 4th finger was noted to be amputated. He had diminished sensation at the tip of the amputated finger and 5/5 bilateral grip strength. His medications were listed as lisinopril 40 mg 1 tablet by mouth every day, hydrocodone/acetaminophen 10/325 mg 1 tablet twice a day to 4 times a day, codeine/guailfenesin 5 mL by mouth 3 times daily, azithromycin, bisacodyl, ziprasidone, lorazepam, propranolol, omeprazole and topical analgesics. He was diagnosed with scar condition and fibrosis of the skin, post-traumatic stress disorder, dysthymic disorder, chronic pain due to trauma and traumatic amputation of other fingers. The treatment plan was for topical analgesics and Norco 10/325 mg. The rationale for treatment was to continue to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methyl Salicylates 25%, Lidocaine 2.5%, Capsaicin 0.025%, Menthol 10% 120 g (1 refill):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left hand. However, there is a lack of documentation showing that the injured worker has neuropathic pain or that he has tried and failed recommended oral medications to support the request. Without this information, the request would not be supported by the evidence based guidelines. Also, a refill of the medication would not be supported without a re-evaluation to determine treatment success, and frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10.325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, and appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the left hand. However, there is a lack of documentation showing that he has had an objective improvement in function with the use of this medication to support its continuation. Also, official urine drug screen and CURES reports were not provided for review to validate his compliance with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.