

Case Number:	CM15-0028222		
Date Assigned:	02/20/2015	Date of Injury:	07/09/2014
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 37-year-old female who sustained an industrial motor vehicle accident injury to her left upper extremity on July 9, 2014. The injured worker was diagnosed with left shoulder strain, non-displaced left distal radial fracture and non-displaced base of the ulnar styloid fracture. The injured worker was casted. According to the primary treating physician's progress, report on December 5, 2014 the injured worker continues to experience left wrist pain with an associated swollen feeling in the upper extremity. On examination, tenderness was noted at the radial styloid process and at the base of the left thumb. Left wrist extension was documented at 60 degrees, flexion at 50 degrees associated with increased pain. Sensory was within normal limits. Some tenderness was noted in the anterior aspect of the left shoulder. Current medications consist of Norco and topical analgesics. Treatment modalities consist of physical therapy, wrist splint, ice, rest and medication. The injured worker is on temporary total disability (TTD) and working with restrictions. The treating physician requested authorization for Norco 7.5/325 mg #60 and Lidocaine gel 2%. On January 16, 2015, the Utilization Review denied certification for Lidocaine gel 2% and modified the certification for Norco 7.5/325 mg #60 to Norco 7.5/325 mg #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain in the left shoulder and left hand, rated 6/10. The request is for NORCO 7.5/325 MG #60. Physical examination to the left shoulder on 01/13/15 revealed tenderness to palpation and spasms in the shoulder musculature. Physical examination to the left hand revealed tenderness to palpation at the radial and ulnar styloid process, at the base of the left thumb and in the left wrist joint. Patient has had physical therapy treatments with benefits. Patient's diagnosis, per 01/07/15 Request for Authorization form, includes sp/st wrist, Fx. radius with ulna, and left shoulder sprain. Per 12/05/14 progress report, patient's medications include Norco and Lidocaine gel 2%. Per 01/13/15 progress report, patient is to return to modified duties on 03/31/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided a reason for the request. The request is for Norco # 60. UR letter dated 01/16/15 has modified the request to #30. Norco has been prescribed in treater reports on 07/23/14, 10/16/14, 12/05/14 and 01/13/15. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia; no UDS's, opioid pain agreement, or CURES reports addressing aberrant behavior. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Lidocaine gel 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain in the left shoulder and left hand, rated 6/10. The request is for LIDOCAINE GEL 2%. Physical examination to the left shoulder on 01/13/15 revealed tenderness to palpation and spasms in the shoulder musculature. Physical examination to the left hand revealed tenderness to palpation at the radial and ulnar styloid process, at the base of the left thumb and in the left wrist joint. Patient has had physical therapy treatments with benefits. Patient's diagnosis, per 01/07/15 Request for Authorization form, include sp/st wrist,

Fx. radius with ulna, and left shoulder sprain. Per 12/05/14 progress report, patient's medications include Norco and Lidocaine gel 2%. Per 01/13/15 progress report, patient is to return to modified duties on 03/31/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided a reason for the request. The patient complains of pain in the left shoulder and left hand, rated 6/10. The request is for Lidocaine gel 2%. MTUS does not support gel, lotion or other forms of lidocaine. It is only supported for patch formulation. The request IS NOT medically necessary.