

Case Number:	CM15-0031777		
Date Assigned:	02/25/2015	Date of Injury:	01/20/2011
Decision Date:	04/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/19/2015

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 Jersey

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 51 year old female who sustained an industrial related injury on 1/20/11. The injured worker had complaints of right hand pain. The diagnosis was reflex sympathetic dystrophy of the upper limb. Treatment included carpal tunnel release, 2 stellate ganglion blocks, a spinal cord stimulator trial, and H-wave unit use. Medication included Gabapentin, Lexapro, Nortriptyline, and Norco. The treating physician requested authorization for Norco 10/325mg and Lidocaine 5% patches. On 2/18/15 the requests were modified or non-certified. Regarding Norco, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there is documentation the injured worker had approval of Norco 10/325mg #60 on 1/21/15. Therefore the request was non-certified. Regarding Lidocaine, the UR physician cited the MTUS guidelines and noted there was documentation the injured worker had been prescribed Lidocaine patches as well as tricyclic antidepressants, selective serotonin reuptake inhibitors, and Gabapentin. The request was modified to a quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (no quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was ongoing use of Norco to help treat her chronic pain. However, this request for additional Norco was completed shortly after a recent request for Norco was approved (1/21/15). Also, the request was missing the pill quantity, which is required before consideration for renewal can be considered. Therefore, this particular request for Norco will be considered medically unnecessary.

Lidocaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), p. 56-57, and Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although the trial of lidocaine seems reasonable considering her neuropathic pain, the documentation is not clear as to how helpful the lidocaine patches had been to the worker previous to this request for renewal, and insufficient reported measurable and independent functional gains and pain reduction were found in the notes. Also, the request was missing the strength and number of patches. Therefore, the request for lidocaine patches will be considered medically unnecessary.