

<b>Case Number:</b>	CM15-0053824		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Internal Medicine, Pulmonary Disease

### 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 27 year old female sustained an industrial injury to the forearm on 12/16/13. The injured worker was diagnosed with De Quervain's syndrome. Previous treatment included surgery (left first dorsal compartment release), injections, spinal cord stimulator and medications. In a pain management PR-2 dated 1/15/15, the injured worker reported that her pain had intensified since her last visit. The injured worker stated that Percocet was no longer controlling her pain. The physician noted that the injured worker had excellent relief following a Toradol injection in November 2014. The injured worker underwent a left stellate ganglion block on 1/27/15. In a progress report dated 2/24/15, the injured worker complained of pain 5/10. The injured worker reported that the ganglion block helped her for 1.5 days. The injured worker was now on a higher dose of Percocet. The injured worker reported being unable to care for her son. Current diagnoses included history of left upper extremity complex regional pain syndrome, left wrist sprain/strain and left wrist tendonitis. The treatment plan included obtaining a computed tomography to evaluation the possibility of recurrent first dorsal compartment tenosynovitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Weaning of Medications Page(s): 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 -79.

**Decision rationale:** The patient is a 27 year old female with a left forearm injury on 12/16/2013. She had De Quervain's syndrome and had release surgery. Current diagnoses include left upper extremity complex regional pain syndrome, left wrist strain/sprain and left wrist tendonitis. MTUS, Chronic Pain guidelines for on-going treatment with opiates criteria include documentation of improved functionality with respect to activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review did not substantiate that the patient met those criteria. Continued long term opiates are not medically necessary and should be weaned.

**Lidoderm patches 5% with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56 - 57.

**Decision rationale:** The patient is a 27 year old female with a left forearm injury on 12/16/2013. She had De Quervain's syndrome and had release surgery. Current diagnoses include left upper extremity complex regional pain syndrome, left wrist strain/sprain and left wrist tendonitis. Lidoderm patch is FDA approved for post herpetic neuralgia which this patient does not have. MTUS guidelines note that "further research is need to recommend this treatment (lidoderm patch) for other than post herpetic neuralgia." It is not medically necessary for this patient.