

Case Number:	CM15-0082947		
Date Assigned:	05/05/2015	Date of Injury:	10/30/2006
Decision Date:	06/17/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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, North Carolina
 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 56 year old female, who sustained an industrial injury on 10/30/2006. The initial complaints or symptoms included pain/injury to the left hand, wrist and fingers. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, ganglion blocks, spinal cord stimulator, conservative therapies, trigger point injections, and nerve blocks. Currently, the injured worker complains of left wrist and hand pain with uncomfortable radiation to the neck and upper back with no changes over the previous few weeks. The diagnoses include chronic pain, joint pain of wrist/hand, tenosynovitis of the hand and wrist, and muscle spasms. The request for authorization included Lidoderm patches, Hysingla ER and urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Lidocaine is recommended for localized peripheral pain after failure of first-line therapy. Further research is needed to recommend the treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, the Lidoderm patch has been utilized since 2008 and provided some symptomatic relief, however no significant long-term benefit to justify its continued use. Long-term use of the patch has not resulted in decreased opioid use. Long-term use is not reasonable in view of the lack of significant improvement in pain level or function. Therefore, the request is deemed not medically necessary.

Hysingla ER 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Hysingla (hydrocodone).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: The CA MTUS fails to address Hysingla. The ODG states that it is not recommended as a first-line agent for non-malignant pain. It is indicated for pain severe enough to require round-the-clock pain coverage. In this case, the claimant has been prescribed numerous long-term opioids in the past with poor response. It is unlikely that Hysingla will result in any significant clinical improvement given this past history. A recent visit to the claimant's provider revealed that she rated her pain as only 2/10. This does not qualify as severe pain requiring round-the-clock control; therefore the request is not justified and not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen. Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS guidelines recommend frequent random urine toxicology screens for patients at high risk of drug abuse. MTUS does not address frequency of testing. The ODG recommends that long-term opioid users at low risk of addiction should be tested on a yearly basis and those at moderate risk 2-3 times/year. In this case, previous reviews

have recommended discontinuing opioids and the current request for Hysingla has been found not medically necessary. Therefore no further or ongoing screening is necessary in this claimant.