

Case Number:	CM14-0114669		
Date Assigned:	08/04/2014	Date of Injury:	11/02/2006
Decision Date:	10/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male, who reported an injury on November 2, 2006; his date of birth was not provided in the medical records. The mechanism of injury was repetitive typing. His diagnoses include bilateral carpal tunnel syndrome and bilateral lateral epicondylitis. His past treatments were noted to have included surgeries, splinting, physical therapy, steroid injections, and medications. On June 17, 2014, the injured worker presented with complaints of bilateral wrist and hand pain, rated 6/10 to 8/10 without medications and 3/10 to 4/10 with medications. His medications include Norco 10/325 mg, Ambien 5 mg, Lidoderm 5% patches, and Flexeril. The treatment plan included medication refills with Norco 10/325 mg #240 and Lidoderm patches #60 with 5 refills, as well as a postdated prescription for Norco to be filled at a later date. A request was received for 240 tablets of Norco 10/325 mg; 60 patches of Lidoderm with 5 refills; and, 240 tablets of Norco 10/325 mg. A specific rationale for the requested medications was not provided, and the formal Request for Authorization form was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg, 240 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, detailed documentation is required for patients requiring ongoing opioid medications. Documentation should include a detailed pain assessment and evidence of functional improvement, documentation regarding side effects, and documentation regarding aberrant drug seeking behaviors. The injured worker was noted to have significant pain in his bilateral upper extremities. It was noted that he had been taking Norco 10/325 mg and using Lidoderm patches. Upon assessment, he described that his pain was reduced with use of medications from a 6/10 to 8/10 to a 3/10 or 4/10. However, the documentation did not indicate that he had a significant improvement in function with use of his medications or that there was an absence of adverse side effects. The documentation also did not address whether the injured worker had shown any aberrant drug seeking behaviors or whether he had had consistent results on urine drug screening to monitor compliance. In the absence of this information, the continued use of opioid medications is not supported. Additionally, the submitted request failed to include a frequency of use. The request for Norco 10-325 mg, 240 count, is not medically necessary or appropriate.

Lidoderm patches, sixty count with five refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Lidoderm patches are not first line treatment and are only FDA approved to treat postherpetic neuralgia. The Guidelines further state that additional research is needed in order to recommend this treatment for other types of chronic neuropathic pain. The injured worker was noted to have bilateral elbow and wrist pain resulting from lateral epicondylitis of the elbows and carpal tunnel syndrome of the wrists. However, there was no documentation showing that he had a diagnosis of postherpetic neuralgia. As the Guidelines state that additional research is needed in order to recommend Lidoderm patches for chronic neuropathic pain disorders other than postherpetic neuralgia, the request is not supported. Additionally, the request, as submitted, did not indicate a dose and frequency. The request for Lidoderm patches, sixty count with five refills, is not medically necessary or appropriate.

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