

Case Number:	CM14-0115753		
Date Assigned:	09/23/2014	Date of Injury:	12/08/2007
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery and is licensed to practice in California. 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:

58 year old female claimant with report industrial injury of 12/8/07. Exam note 6/23/14 demonstrates claimant has report of neck and bilateral lower extremity pain. Exam of the cervical spine demonstrates tenderness and decreased range of motion. Exam demonstrates elbow and forearm pain. There is a positive Tinel's noted at the wrist. The claimant is noted to have normal range of motion of the left elbow. Sensation is intact throughout. There is no evidence of wasting. Assessment is made of bilateral carpal tunnel syndrome, left lateral epicondylitis and chronic bilateral upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence

to support use of narcotics. There is no evidence of severe pain recalcitrant to non-steroidal anti-inflammatories; there is no evidence of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.

Lidoderm patches QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The exam note from 6/23/14 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore the request is not medically necessary and non-certified.