

Case Number:	CM14-0121599		
Date Assigned:	08/08/2014	Date of Injury:	05/01/2003
Decision Date:	09/30/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/31/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 58-year-old woman, who reported an injury on 05/01/2003. The mechanism of injury was not provided for clinical review. The diagnoses included complex regional pain syndrome left upper extremity, probable painful ganglion cyst in the left wrist, overuse of right upper extremity. The previous treatments included medication, home exercise, H-wave unit. Within the clinical note dated 05/01/2014 it was reported the injured worker complained of increased burning in the bilateral hands, left greater than right. She complained of increased triggering in the right hand and the left hand. She rated her pain 6/10 in severity. The injured worker complained of pain and clawing of the index finger. The injured worker complained of shooting pain in her right elbow into the right hand/wrist. The injured worker complained of pain in the low back, which radiated to the left lower extremity to the foot. Upon the physical examination, the provider noted the left upper extremity revealed allodynia, swelling, and guarding, and the patient is wearing protective clothing. There was clawing of the left index finger. The provider noted the range of motion was full with pain, extension decreased with pain. The provider requested Soma for her spasms, Zantac for GI upset, Norco, and topical lidocaine gel for local pain relief. The request for authorization was submitted and dated on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 tablets, one tablet four times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Soma 350 tablets, one tablet four times a day #120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Norco 10/325 tablets, one tablet four times a day #120: 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: The request for Norco 10/325 tablets, one tablet four times a day #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 05/2014. Therefore, the request is not medically necessary.

Zantac 150 mg tablets, one tablet two times a day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [HTTP://www.drugs.com/pro/zantac.html](http://www.drugs.com/pro/zantac.html).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Zantac 150 mg tablets, one tablet two times a day #60 is not medically necessary. The California MTUS Guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events, including age over 65, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin or corticosteroids and anticoagulants. The guidelines also note the medication is

used for the treatment of dyspepsia secondary to NSAID therapy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Lidocaine 2% gel, Patient applies gel to affected area two-three times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidocaine 2% gel, Patient applies gel to affected area two-three times a day is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note topical lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of first line therapy. Topical lidocaine in the formulation of a dermal patch (Lidoderm) is designated for orphan status by the FDA for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.

Soma 350 mg tid and qhs for spasms #100 per 5/1/14 report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Soma 350 mg tid and qhs for spasms #100 per 5/1/14 report is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Norco 7.5/325 qid #120 per 5/1/14 report: 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: The request for Norco 7.5/325 qid #120 per 5/1/14 report is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 05/2014. Therefore, the request is not medically necessary.