

Case Number:	CM14-0137755		
Date Assigned:	09/05/2014	Date of Injury:	07/01/2005
Decision Date:	10/08/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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:

The injured worker is a 37-year-old female who reported an injury on 07/01/2005. The mechanism of injury was not submitted for clinical review. The diagnoses included CRPS of the right upper limb, lumbar radiculopathy, anxiety/depression, right carpal tunnel syndrome. The previous treatments included medication, physical therapy, and transcutaneous electrical nerve stimulation (TENS) unit. Within the clinical note dated 08/15/2014 it was reported the injured worker complained of pain in the arm and right leg. The physical examination was not documented for clinical review. The provider requested Fentanyl and Norco, and Lidoderm for pain. Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 12 mcg/hr Qty: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids and Weaning of medications Page(s): 80, 8.

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

Decision rationale: The request for Fentanyl 12 mcg/hr Qty: 15.00 is not medically necessary. The California MTUS Guidelines note topical non-steroidal anti-inflammatory drugs (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. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the treatment site of medication. Additionally, 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 10/325mg Qty: 45.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Weaning of medications Page(s): 80, 81,.

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 10/325mg Qty: 45.00 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 pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment. Therefore, the request is not medically necessary.

Lidoderm Patch 5% Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (lidocaine patch) Page(s): 111; 56-57.

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

Decision rationale: The request for Lidoderm Patch 5% Qty: 30.00 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. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.