

Case Number:	CM14-0212133		
Date Assigned:	01/02/2015	Date of Injury:	03/01/2004
Decision Date:	03/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 54 year old female with an injury date of 02/14/05. Per the 11/03/14 report, the patient presents with hand numbness and shoulder pain s/p right hand surgery and right shoulder arthroscopy in May 2014. The patient is not working. Examination shows positive impingement and there is dysesthesia over the palm in the wrists bilaterally. Phalen's and reverse Phalen's test are positive. The patient's diagnoses include: 1. Sprains/strains of shoulder and upper arm. 2. Cervical sprain/strain. 3. Cervical radiculopathy. 4. Shoulder impingement. 5. Wrist Tend/Burs. The patient received physical therapy and has been authorized for an additional 18 sessions. The patient is requesting authorization for neurodiagnostic studies of the upper extremities due to possible evidence of carpal tunnel syndrome. Medications discussed include: Norco, Relafen, Ultram and Lidall patch. The utilization review is dated 11/18/14. Reports were provided for review from 06/16/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidall Patch 4% Lidocaine Qty 10 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56, 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch)

Decision rationale: The patient presents with right hand pain status post-surgery May 2014 and right shoulder pain status post right shoulder arthroscopy and DeQuervain's release May 2014. The current request is for Lidall Patch 4% Lidocaine Qty 10 with 5 refills per 11/03/14 report and 11/05/14 RFA. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. The 11/03/14 report states, "The patient reports decreased allodynia, decreased cutaneous pain and improvements with function of the limbs." Use is stated to be, "apply one patch every 12 hours and remove after 12." In this case, the patient presents with right wrist pain and carpal tunnel syndrome is suspected. The requested medication is indicated for peripheral, localized neuropathic pain which is suspected, but not yet diagnosed for this patient. The patient's diagnosis is wrist tendinitis/bursitis and Lidocaine patch is indicated for neuropathic pain. The request is not medically necessary.

Norco 2.5/325mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with right hand pain status post-surgery May 2014 and right shoulder pain status post right shoulder arthroscopy and DeQuervain's release May 2014. The current request is for Norco 2.5/325mg Qty 60 with 5 refills per 11/03/14 report and 11/05/14 RFA. The 11/18/14 utilization review modified this request from 5 refills to 0 refills. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient was prescribed this medications as of 06/16/14. The treater states that the medication is requested due to failure of anti-inflammatory medications alone. The 11/03/14 treatment plan states the following regarding Norco, "The patient notes the following: Reduction in analgesia at least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming and chores around the house." However, no specific ADL's are mentioned to show a significant change with use with this medication. Opiate management issues are not fully addressed. The treater does state that no significant adverse side effects are reported and upon questioning there is no suspicion of aberrant behavior. However, no urine toxicology reports are provided or discussed. There is no mention of use of CURES. No outcome measures are

provided. ADL's and opiate management have not been sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.

Relafen 750mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Nabumetone (Relafe).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; medication for chronic pain Page(s): 22; 60.

Decision rationale: The patient presents with right hand pain status post-surgery May 2014 and right shoulder pain status post right shoulder arthroscopy and DeQuervain's release May 2014. The current request is for Relafen 750mg Qty 60 with 5 refills per 11/03/14 report and 11/05/14 RFA. The 11/18/14 utilization review modified this request from 5 refills to 1 refill. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " MTUS also states comprehensive clinical trials supports NSAIDS in lower back pain. The 11/03/14 report states use is, "One tablet Q12 with food." The report further states it provides an anti-inflammatory effect and analgesia of at least 30%, allows performance of ADL's, and the patient has been counseled on long term use of NSAID's. In this case, this medication is indicated for first line treatment for the pain that is documented for this patient. However, the request is for a six month supply versus the 2 month supply certified. The treater does not state when the patient will return and MTUS requires on page 60 that the physician document pain and function for continued medication usage for chronic pain. The request is not medically necessary.

Ultram ER 150mg Qty 60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER, generic available in immediate releas.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with right hand pain status post-surgery May 2014 and right shoulder pain status post right shoulder arthroscopy and DeQuervain's release May 2014. The current request is for Ultram ER 150mg Qty 60 with 5 refills Tramadol, an opioid analgesic) per 11/03/14 report and 11/05/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the use of opioids (Norco/Hydrocodone) at least since 06/16/14 and that the treater has been requesting Ultram since at least 06/16/14; however, it is not clear if this

medication was ever authorized. The 11/03/14 report states the medication is prescribed for nighttime pain control and to reduce the need for Norco. In this case, the patient may have recently started, Ultram; however, prior long-term opioid use has not been sufficiently documented. The treater states use of Norco improved functional capacity with activities of daily living, self-grooming and chores around the house." However, no specific ADL's are mentioned to show a significant change of use with this medication. Opiate management issues are not fully addressed. The treater does state that no significant adverse side effects are reported and upon questioning there is no suspicion of aberrant behavior. However, no urine toxicology reports are provided or discussed. There is no mention of use of CURES. No outcome measures are provided. ADL's and opiate management have not been sufficiently documented to support long-term opioid use as required by MTUS. The request is not medically necessary.