

Case Number:	CM15-0001244		
Date Assigned:	01/12/2015	Date of Injury:	12/02/2002
Decision Date:	03/10/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on December 2, 2002. She has reported bilateral upper extremity pain. The diagnoses have included tendonitis of wrists, hands and elbows, possible reflex sympathetic dystrophy, cervical strain, frozen right shoulder; secondary gastroesophageal reflux disease related to pain medication, severe constipation/obstipation due to chronic opioid use and intermittent diarrhea and gastrointestinal symptoms related to opioid use. Treatment to date has included cortisone injections, pain medication, and physical therapy. Currently, the injured worker complains of pain, burning and throbbing over the right upper extremity, left wrist and hand pain, right shoulder pain, neck pain, headaches, upset stomach, nausea, heartburn, intermittent diarrhea, depression and frustration. On December 4, 2014, Utilization Review non-certified a request for Lidoderm dis 5% #10 and for naproxen sod tab 550 mg for intermittent use for pain flares noting the support for Lidoderm patch is only for localized neuropathic pain and not supported for musculoskeletal or radicular pain and naproxen is recommended for only short periods of time for exacerbations and not recommended for daily use. The California MTUS Chronic Pain Treatment Guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of Lidoderm dis 5% #10, naproxen sod tab 550 mg for intermittent use for pain flares.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm DIS 5% #10 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is indicated for localized pain that is consistent with a neuropathic etiology after there has been evidence of the first line therapy failure with tri-cyclic's or anti-epilepsy drugs. Lidoderm is not recommended for trigger points or myofascial pain, axial back pain including osteoarthritis, and osteoarthritis of the knee. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. In this case, the injured worker's working diagnoses are tendonitis of both wrists, hands, and elbows, status post bilateral CTR 9/2003 and 1/2004 with persistent symptoms; possible reflex sympathetic dystrophy right upper extremity; right greater than left cervical strain with cervicogenic headaches; right shoulder pain with frozen right shoulder/upper extremity; rule out intrinsic problem with the right shoulder or rotator cuff; cervical strain with cervicogenic headaches; secondary depression and anxiety due to chronic pain; secondary GERD due to pain medications; intermittent diarrhea and GI symptoms due to opioid use, resolved; and severe constipation due to chronic opioid use, has not responded to Senokot or Promolaxin. Subjectively, the injured worker has multiple complaints including right upper extremity pain, burning, throbbing especially in the wrist, hand elbow and forearm. Objectively, the right elbow is moderately tender. Extension and flexion were full. Right shoulder examination showed slight swelling and significant dysesthesias to light touch. Documentation indicates the injured worker was taking Lidoderm 5% patches for back in July 22, 2014. The documentation does not contain evidence of objective functional improvement as it relates to Lidoderm 5%. Additionally, there is no clear evidence of a neuropathic etiology to the signs and symptoms and list of diagnoses. Lidoderm is not indicated for trigger points or myofascial pain, axial back pain including osteoarthritis and osteoarthritis of the knee. Consequently, absent clinical documentation to support the Lidoderm patch with objective functional improvement, Lidoderm DIS 5% #10 is not medically necessary.

Naproxen SOD tab 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #60 is not medically necessary nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are tendonitis of both wrists, hands, and elbows, status post bilateral CTR 9/2003 and 1/2004 with persistent symptoms; possible reflex sympathetic dystrophy right upper extremity; right greater than left cervical strain with cervicogenic headaches; right shoulder pain with frozen right shoulder/upper extremity; rule out intrinsic problem with the right shoulder or rotator cuff; cervical strain with cervicogenic headaches; secondary depression and anxiety due to chronic pain; secondary GERD due to pain medications; intermittent diarrhea and GI symptoms due to opioid use, resolved; and severe constipation due to chronic opioid use, has not responded to Senokot or Promolaxin. Subjectively, the injured worker has multiple complaints including right upper extremity pain, burning, and throbbing especially in the wrist, hand elbow and forearm. Objectively, the right elbow is moderately tender. Extension and flexion were full. Right shoulder examination showed slight swelling and significant dysesthesias to light touch. The documentation shows the injured worker was taking naproxen sodium 550 mg as far back as July 22, 2014. However, there was no documentation showing objective functional improvement as it relates to Naproxen sodium 550 mg. The guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The treating physician exceeded the guidelines for the treatment duration of approximately 8 months. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Naprosyn, Naproxen sodium 550 mg #60 is not medically necessary.