

Case Number:	CM15-0113610		
Date Assigned:	06/22/2015	Date of Injury:	04/25/2007
Decision Date:	07/21/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old female, who sustained an industrial injury on 04/25/2007. The injured worker is currently diagnosed as having carpal tunnel syndrome. Treatment and diagnostics to date has included bilateral carpal tunnel syndrome release surgery, shoulder joint cuff repair, normal left forearm MRI and x-ray, and medications. In a progress note dated 05/22/2015, the injured worker presented for a consultation for a questionable left forearm soft mass. Objective findings include significant weakness to left hand. The treating physician reported requesting authorization for Norco and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: 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 (1) Opioids, criteria for use, pages 76-80 (2) Opioids, dosing, page 86.

Decision rationale: The claimant sustained a work injury in April 2007 and continues to be treated for left upper extremity pain. When seen, pain was rated at 9/10. There was decreased and painful shoulder range of motion with positive impingement testing. She had rotator cuff and left wrist tenderness. Impingement testing and empty can testing was positive. Norco was prescribed at a total MED (morphine equivalent dose) of less than 30 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through documented VAS pain scores, increased level of function, or improved quality of life. Continued prescribing is not medically necessary.

Lidoderm 5% #30 patches: 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 (1) Lidoderm (lidocaine patch). pages 56-57 (2) Topical Analgesics, pages 111-113.

Decision rationale: The claimant sustained a work injury in April 2007 and continues to be treated for left upper extremity pain. When seen, pain was rated at 9/10. There was decreased and painful shoulder range of motion with positive impingement testing. She had rotator cuff and left wrist tenderness. Impingement testing and empty can testing was positive. Norco was prescribed at a total MED (morphine equivalent dose) of less than 30 mg per day. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm is not medically necessary.