

Case Number:	CM15-0119492		
Date Assigned:	06/29/2015	Date of Injury:	11/01/2010
Decision Date:	09/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/22/2015

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

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 injured worker is a 45 year old female who sustained an industrial injury on 11/1/10. The mechanism of injury is unclear. She currently complains of persistent bilateral wrist pain following bilateral carpal tunnel surgery. On physical exam of the bilateral wrists there was tenderness on palpation with mild decreased sensation of the bilateral thumb and index finger. Medications are Vicoprofen, Neurontin, Cymbalta, flurbiprofen patch and Terocin patch. Medications are beneficial and allow her to be active. Diagnoses include status post bilateral carpal tunnel release surgeries with residual neuritis; cervical disc disease/degeneration with disc protrusion; depression. Diagnostics include electromyography/ nerve conduction study of the upper extremities (12/17/12) revealed no neuropathy across the wrists. In the progress note dated 4/23/15 the treating provider's plan of care includes Vicoprofen 7.5/200 mg, one three times per day # 90; Anaprox 550mg, twice per day as needed for pain and inflammation; Neurontin 600 mg three times per day as needed for neuropathic pain; Terocin patch # 30 for neuropathic pain and inflammation; flurbiprofen topical cream twice per day for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicoprofen 7.5/200mg one tab three times a day quantity: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drug Formulary Chapter under Hydrocodone/Ibuprofen (Vicoprofen®).

Decision rationale: The patient was injured on 11/01/10 and presents with bilateral wrist pain. The request is for Vicoprofen 7.5/200 mg one tab three times a day Qty 90. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids-Therapeutic Trial of Opioids, 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. ODG guidelines, under Drug Formulary, specifically discusses Hydrocodone/Ibuprofen (Vicoprofen) and "Recommended for short term use only. This combination opioid/NSAID has a low dose of ibuprofen (200mg) that is below the normal adult dose of 400 to 800mg per dose and total max daily dose of 2400mg. Vicoprofen was approved only based on single dose, post-op pain and is approved to treat acute pain for generally less than 10 days. It may be considered an option for use at the time of injury, but the fixed dose of hydrocodone 7.5mg/ibuprofen 200mg and the maximum approved dose of 5 tablets daily may limit acute pain relief. Prescribing information also stresses that this product is not indicated for treating conditions such as rheumatoid arthritis or osteoarthritis. (Vicoprofen prescribing information) In addition, there is also a cost difference between the generic Vicodin (approx \$ [REDACTED]/tab) and generic Vicoprofen (\$ [REDACTED]/tab)". The patient is diagnosed with status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/ degeneration with disc protrusion, and depression. The patient had a urine drug screen on 03/26/15 which revealed that the patient was consistent with her prescribed medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There is no before and after medication pain scales provided nor are there any examples of ADLs which demonstrate medication efficacy. There is no discussion on side effects or aberrant behavior the patient may have. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Vicoprofen is not medically necessary.

Anaprox 550mg one tab twice a day as needed quantity: 60: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient was injured on 11/01/10 and presents with bilateral wrist pain. The request is for Anaprox 550 mg one tab twice a day as needed Qty 60 for pain and inflammation. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Anti-inflammatory, page 22 states, "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," There is mild tenderness to palpation and percussion over the well-healed carpal tunnel release incisional scars at the wrists and mild decreased sensation over the thumb and index finger of both hands. She is diagnosed with status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/degeneration with disc protrusion, and depression. The treater does not specifically discuss efficacy of Anaprox on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Anaprox is not medically necessary.

Neurontin 500mg one tablet by mouth, three times a day as needed, quantity: 90: 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 Gabapentin Page(s): 18, 19.

Decision rationale: The patient was injured on 11/01/10 and presents with bilateral wrist pain. The request is for Neurontin 500 mg one tablet by mouth, three times a day as needed Qty 90 for neuropathic pain. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. MTUS Guidelines, Gabapentin (Neurontin, Gabarone, generic available), pages 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. There is mild tenderness to palpation and percussion over the well-healed carpal tunnel release incisional scars at the wrists and mild decreased sensation over the thumb and index finger of both hands. She is diagnosed with status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/degeneration with disc protrusion, and depression. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. None of the reports provided discuss how Neurontin has impacted the patient's pain and function. Due to lack of documentation, the requested Neurontin is not medically necessary.

Terocin patch use daily directly quantity: 30: 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 Topical Analgesics Lidocaine Page(s): 113, 57, 112.

Decision rationale: The patient was injured on 11/01/10 and presents with bilateral wrist pain. The request is for Terocin patch use daily directly Qty 30 for neuropathic pain and inflammation. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is no indication of when the patient began using this patch. Terocin patches are dermal patches with 4% lidocaine, 4% menthol. MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)". Page 112 also states, "lidocaine indicates: Neuropathic pain recommended for localized peripheral pain." In reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. There is mild tenderness to palpation and percussion over the well-healed carpal tunnel release incisional scars at the wrists and mild decreased sensation over the thumb and index finger of both hands. She is diagnosed with status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/ degeneration with disc protrusion, and depression. In this case, the patient does not present with peripheral localized neuropathic pain as indicated by MTUS Guidelines. Therefore, the requested Terocin patch is not medically necessary.

Flurbiprofen topical cream applied twice a day: 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 Topical Analgesics Page(s): 111.

Decision rationale: The patient was injured on 11/01/10 and presents with bilateral wrist pain. The request is for Flurbiprofen topical cream applied twice daily for neuropathic pain. The RFA is dated 04/13/15 and the patient's current work status is not provided. There is no indication of when the patient began using this topical. MTUS Guidelines, Topical Analgesics, page 111 states: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. There is mild tenderness to palpation and percussion over the well-healed carpal tunnel release incisional scars at the wrists and mild decreased sensation over the thumb and index finger of

both hands. She is diagnosed with status post bilateral carpal tunnel release surgeries with residual neuritis, cervical disc disease/ degeneration with disc protrusion, and depression. In this case, the patient does not present with osteoarthritis of a peripheral joint for which this product is indicated per MTUS Guidelines. The requested topical compound Flurbiprofen is not medically necessary.