

Case Number:	CM15-0124990		
Date Assigned:	07/09/2015	Date of Injury:	09/29/2011
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: Family Practice

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 9/29/2011. She reported pain in the right upper extremity and neck from repeated activity. Diagnoses include hand pain, carpal tunnel syndrome and muscle spasm. Treatments to date include modified activity, medication therapy, trigger point injections, stellate ganglion blocks, and occupational therapy for the hand. Currently, she complained of ongoing upper back and right hand pain. Pain was rated 7/10 VAS with medication and 9/10 VAS without medication. The records indicated Lorzone was initiated in May 2015, with moderate relief of pain symptoms reported. On 6/18/15, the physical examination documented cervical tenderness with muscle spasm and trigger point noted to right upper trapezius. The right wrist was tender with a positive Tinel's sign. The plan of care included Norco 10/325mg tablets #60; and Lorzone 375mg tablets #30; and Lidoderm 5% Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic neck and R upper extremity pain. This relates back to a work-related injury on 09/29/2011. The patient has been diagnosed with carpal tunnel syndrome with hand pain and muscle spasm. The patient reports chronic pain rated at 9/10 without medications and 7/10 with medications. This review addresses a request for Norco 10/325 mg. Norco 10/325 contains 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.

30 tablets of Lorzone 375mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for chronic pain Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic neck and R upper extremity pain. This relates back to a work-related injury on 09/29/2011. The patient has been diagnosed with carpal tunnel syndrome with hand pain and muscle spasm. The patient reports chronic pain rated at 9/10 without medications and 7/10 with medications. This review addresses a request for Lorzone. Lorzone (chlorzoxazone) is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using Lorzone over the long-term (more than 2-3 weeks) is not recommended. Side effects of this muscle relaxer include sedation and dizziness. This drug must be used with caution in patients with liver disease. Liver blood tests have not been documented. Lorzone is not medically necessary for this patient.

30 Lidoderm 5% patch (700mg/patch): Upheld

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

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

Decision rationale: This patient receives treatment for chronic neck and R upper extremity pain. This relates back to a work-related injury on 09/29/2011. The patient has been diagnosed with carpal tunnel syndrome with hand pain and muscle spasm. The patient reports chronic pain rated at 9/10 without medications and 7/10 with medications. This review addresses a request for Lidoderm patches. Lidoderm patches are topical anesthetic patches medically approved for the treatment of certain peripheral neuropathies after a trial of first-line medications (AEDs, tricyclics, and SNRIs) have been tried. There is no documentation of

this medication trial. In addition, the patient does not have this diagnosis, peripheral neuropathy. Lidoderm patches are not medically necessary.