

Case Number:	CM15-0175442		
Date Assigned:	09/16/2015	Date of Injury:	04/25/2013
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/05/2015

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
 Certification(s)/Specialty: Emergency 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 29 year old male, who sustained an industrial injury on 4-25-13. The injured worker has complaints of bilateral upper extremities pain with numbness and a burning sensation from the elbows into the hands in a non-dermatomal distribution. The documentation noted on 8-3-15 noted the injured worker has full active range of motion and motor strength is 5 out of 5 throughout both upper extremities. Magnetic resonance imaging (MRI) of the right wrist on 10-30-13 revealed injury to the scapholunate ligament as well as pisotriquetral joint effusion and synovitis. Magnetic resonance imaging (MRI) of the left wrist on 12-30-13 revealed that the dorsal compartment of the scapholunate ligament was just at point of maximal tenderness and there was a ganglion cyst arising making there a possibility of an occult effect. Right elbow magnetic resonance imaging (MRI) revealed mild medial and lateral epicondylitis with mild insertional biceps and triceps tendinopathy. Left elbow magnetic resonance imaging (MRI) revealed medial epicondylitis. The diagnoses have included bilateral forearm myofascitis; right more than left lateral and medial epicondylitis and right posterior radiohumeral epicondylitis. Treatment to date has included occupational therapy; acupuncture; splints; lidocaine gel; tramadol and ibuprofen. The documentation on 6-29-15 noted that the injured worker had received occupational therapy for 12 sessions and acupuncture for six, but none for physical therapy. The documentation noted on 6-29-15 that the plan was for a prescription for occupation therapy to be submitted to plicate the injured workers request for more therapy; however, documentation noted that it had been explained to him that he is likely going to be at a plateau due to lack of change in therapy plans and lack of progress and is currently at full duty status

which he is able to have a gainful employment once he has been declared Permanent and Stationary. The original utilization review (8-11-15) non-certified the request for lido gel 3 percent; motrin 800mg #60 and Ultracet 37.5-325mg #60. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Gel 3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The requested Lido Gel 3% is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has bilateral upper extremities pain with numbness and a burning sensation from the elbows into the hands in a non-dermatomal distribution. The documentation noted on 8-3-15 noted the injured worker has full active range of motion and motor strength is 5 out of 5 throughout both upper extremities. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lido Gel 3% is not medically necessary.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Motrin 800mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has bilateral upper extremities pain with numbness and a burning sensation from the elbows into the hands in a non-dermatomal distribution. The documentation noted on 8-3-15 noted the injured worker has full active range of motion and motor strength is 5 out of 5 throughout both upper extremities. The

treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Motrin 800mg #60 is not medically necessary.

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The requested Ultracet 37.5/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has bilateral upper extremities pain with numbness and a burning sensation from the elbows into the hands in a non-dermatomal distribution. The documentation noted on 8-3-15 noted the injured worker has full active range of motion and motor strength is 5 out of 5 throughout both upper extremities. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Ultracet 37.5/325mg #60 is not medically necessary.