

Case Number:	CM15-0022260		
Date Assigned:	02/11/2015	Date of Injury:	01/10/2014
Decision Date:	06/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 56 year old male, who sustained an industrial injury on 1/10/14. He has reported left forearm injury with burning sensation after emptying a metal cash box on a bus. The diagnoses have included hand pain and joint pain. Treatment to date has included medications, cortisone injections, physical therapy, bracing and diagnostics. Currently, as per the physician progress note dated 1/14/15, the injured worker complains of left wrist, hand and thumb pain which is unchanged from last visit. The pain was rated 7/10 with medications and 10/10 without medications. It was noted that sleep quality was poor and activity level was unchanged. He states that he continues to have pain in the left wrist, hand and thumb and that lifting or gripping things will cause pain in the radial side of the left wrist. The current medications included Norco, Pennsaid 2% pump, Celebrex, Gabapentin, Lidoderm, Amlodipine, Aspirin, Chlorthalidone, Glipizide, Lisinopril, Metformin and Omeprazole. The physical exam revealed left wrist with restricted range of motion, tenderness and pain to palpation over the radial side and metacarpal joint. The left hand revealed flexed fifth digit and dryness and cracking to the 4/5th digit web space. Work status was modified with restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, one (1) patch to skin Q day #30, 1 refill: 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: According to MTUS guidelines topical lidocaine patches are indicated for neuropathic pain. It is 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). There is evidence that the Injured Worker had been on gabapentin but there was no definitive evidence of neuropathy such as an EMG/NCV. This request is not medically necessary and appropriate.

Pennsaid 2% pump: 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: Topical NSAID's are indicated if systemic NSAID's are not tolerated due to side effects or medication interactions and for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. The documentation included does not specify which affected area the diclofenac is to be applied to also the Injured Worker is taking systemic NSAID's. This request is not medically necessary and appropriate.

Gabapentin 600mg, take 1 three times a day #90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 15-19.

Decision rationale: MTUS guidelines state that antiepileptic drugs are recommended for neuropathic pain. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. The patient should be asked at each visit as to whether there has been a change in pain or function. It is noted that there is no EMG/NCV in the case file to document neuropathy in the Injured Worker. There was no documentation of objective functional benefit with prior use of these medications. The request is not medically necessary and appropriate.

Norco 5/325mg take 1 twice a day p.r.n. #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: The Injured Worker has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Celebrex 100mg take 1 twice daily p.r.n. #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: Celebrex is indicated for relief of signs and symptoms of osteoarthritis, ankylosing spondylitis, rheumatoid arthritis, acute pain and dysmenorrhea. There is no indication in the progress notes that the Injured Worker has any of these conditions or any GI complications with nonselective NSAIDs. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. This request is not medically necessary and appropriate.