MAXIMUS Federal Services

Case Number:	CM15-0023821		
Date Assigned:	02/13/2015	Date of Injury:	12/01/2005
Decision Date:	05/29/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 female, who sustained an industrial injury on 12/01/2005. Diagnoses include bilateral wrist and forearm tendinitis, bilateral carpal tunnel syndrome right greater than left, status post carpal tunnel release (11/07) with residual carpal tunnel symptomology, right lateral epicondylitis/elbow tendinitis, bilateral shoulder strain status post open repair (9/27/2011) ad right shoulder open repair (7/16/2013), secondary depression and anxiety and gastrointestinal upset due to use of medication. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, OrthoStim IV, surgical intervention and medications. Per the Primary Treating Physician's Progress Report dated 1/09/2015, the injured worker reported bilateral upper extremity pain and bilateral carpal tunnel pain rated as 8-9/10 without medication and 7/10 with medication. Physical examination of the left shoulder revealed reduced range of motion. Right shoulder examination revealed slight tenderness over the peri-scar region and mild tenderness to palpation of the superior shoulder in the acromioclavicular region. There was reduced range of motion. There was tenderness to palpation over the lateral elbow on the right. On forced extension of the right wrist there was reproduction of pain. Phalen's test was positive on the left and there was mild tenderness to palpation of the volar and dorsal wrist. The plan of care included medications and authorization was requested for Naproxen Sodium 550mg, Lidoderm patch 5%, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 67 of 127.

Decision rationale: This claimant was injured 10 years ago; the medicine is reported to be for continued injury care 10 years post injury. As of January 2015, there is continued pain. Objective functional improvement out of medicine usage is not noted. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Therefore, the requested treatment is not medically necessary.

Lidoderm patch, 5% 700 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 - 57 and 111 - 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: This patient was injured 10 years ago; the medicine is reported to be for continued injury care 10 years post injury. As of January 2015, there is continued pain. Objective functional improvement out of medicine usage is not noted. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS. Therefore, the requested treatment is not medically necessary.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This patient was injured 10 years ago; the medicine is reported to be for continued injury care 10 years post injury. As of January 2015, there is continued pain. Objective functional improvement out of medicine usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.