

Case Number:	CM15-0026951		
Date Assigned:	02/19/2015	Date of Injury:	05/16/2000
Decision Date:	04/03/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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 53 year old male, who sustained an industrial injury on 5/16/00. He has reported right wrist injury. The diagnoses have included chronic pain syndrome right wrist, right elbow pain and neuropathic pain. Treatment to date has included medications, wrist surgery, steroid injections, and conservative measures. Currently, the injured worker complains of severe pain right wrist after recent steroid injection to ulnar side of wrist approximately 1 month previous. The physical exam revealed surgical scar right elbow and ulnar area. There was swelling noted and he was wearing a wrist brace. As cited in the utilization review he had chronic wrist and nerve pain. The pain was rated 8/10 without medications and 4/10 with medications. There was tenderness to palpation right thumb and puffiness light touch and some distribution. The current medications were not documented. On 1/14/15 Utilization Review non-certified a request for Seroquel 100mg #60, Librium 25mg #30 and Lidoderm 5% patches #60, noting that regarding Seroquel 100mg #60, it is not recommended as first line treatment of mental health and stress related conditions. Regarding the Librium 25mg #30, it is not recommended for long term use, as guidelines limit use to 4 weeks. Regarding the Lidoderm 5% patches #60, this is not a first line treatment and is only approved by the federal drug administration for post herpetic neuralgia. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Seroquel 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness chapter, atypical antipsychotics.

Decision rationale: This patient presents with chronic pain and neuropathic pain from a complex fracture of the right hand/wrist in 2000. The current request is for SEROQUEL 100MG #60. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend (olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole) for the treatment of PTSD. ODG does not recommend them as a first-line treatment. "Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. (Spielmans, 2013) The American Psychiatric Association (APA) has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems." It is unclear when this patient started taking this medication as only one progress report discusses Seroquel and this report is dated after the Utilization review. ODG guidelines does not recommend atypical antipsychotics as first-line and there is no discussion as to why and when this medication was initiated. There is no documentation of trialed and failed first line treatment to warrant the use of Seroquel at this time. The request IS NOT medically necessary.

Librium 25mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic pain and neuropathic pain from a complex fracture of the right hand/wrist in 2000. The current request is for LIBRIUM 25MG #30. The MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Most guidelines limit 4 weeks." The utilization review denied the request stating that "more appropriate treatment for anxiety disorder is an antidepressant." It is unclear when this patient started taking this medication as only one

progress report discusses Librium and this report is dated after the Utilization review and recommends a refill of meds. In this case, recommendation cannot be made as the treating physician has not stated that Librium is for short term use. MTUS Guidelines recommend maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The request IS NOT medically necessary.

Lidoderm 5% patches #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: This patient presents with chronic pain and neuropathic pain from a complex fracture of the right hand/wrist in 2000. The current request is for LIDODERM 5% PATCHES #60. The MTUS Guidelines page 57 states, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of trial of first-line therapy (tricyclic or SNRI antidepressants, or AED such as gabapentin or Lyrica." The MTUS page 112 also states, "recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting the pain and function. The utilization review denied the request stating that the patient is not a candidate for this medication as it has been approved for post herpetic neuralgia only and not recommended for treatment of other chronic neuropathic pain. This patient has been prescribed Lidocaine patches for the patient hand and wrist complaints since 8/22/14. In this case, this patient presents with hand pain for which this topical treatment is indicated for. However, recommendation cannot be made as there is no discussion regarding its efficacy. MTUS page 60 requires recording of pain assessment and functional changes when medications are taken for chronic pain. This request IS NOT medically necessary.