

Case Number:	CM15-0062745		
Date Assigned:	04/08/2015	Date of Injury:	02/18/2004
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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: Ohio, North Carolina, Virginia
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 52 year old female, who sustained an industrial injury on February 18, 2004. She reported neck, left hand, wrist and shoulder pain. The injured worker was diagnosed as having cervical radiculopathy and tendonitis. Treatment to date has included diagnostic studies, pain injections, medications and work restrictions. Currently, the injured worker complains of continued neck, left hand, wrist and shoulder pain. The injured worker reported an industrial injury in 2004, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic- H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours. Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. Functionality should be measured at 6-month intervals via a validated scoring system. In this instance, the medical record does indicate pain scores with and without medication on one occasion. Typically, it is said that the medications continue to be effective. The Norco is said to be used for severe pain. A careful review of the submitted medical record makes no mention of functionality over a 6-month period. Likewise, no urine drug screening is in evidence and neither can be found pharmacy data base inquiries (CURES). The medical necessity for Norco 5/325 mg #120 is therefore not established in view of the available medical record and with reference to the cited guidelines. Appropriate weaning guidelines should be referenced. Therefore, the requested medical treatment is not medically necessary.

Ultram 50mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. Functionality should be measured at 6 month intervals via a validated scoring system. In this instance, the medical record does indicate pain scores with and without medication on one occasion. Typically it is said that the medications continue to be effective. The Ultram is said to be used for moderate pain. A careful review of the submitted medical record makes no mention of functionality over a 6-month period. Likewise, no urine

drug screening is in evidence and neither can be found pharmacy data base inquiries (CURES). The medical necessity for Ultram 50 mg #120 with one refill is therefore not established in view of the available medical record and with reference to the cited guidelines. Appropriate weaning guidelines should be referenced. Therefore, the requested medical treatment is not medically necessary.

Compounded cream: Lidocaine 2%, Prilocaine 2%, Topiramate 2.5%, Meloxicam 0.09% 150gm with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The referenced guidelines state that any compound containing at least one non-recommended ingredient is not recommended in its entirety. Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The requested compound contains lidocaine in a non-patch form. The intended site of application appears to be the hand and wrist. Because this formulation does have lidocaine in a dermal patch formulation, Lidocaine 2%, Prilocaine 2%, Topiramate 2.5%, Meloxicam 0.09% 150gm with 1 refill, is not medically necessary under the referenced guidelines. Therefore, the requested medical treatment is not medically necessary.