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| <b>Case Number:</b>   | CM15-0066788 |                              |            |
| <b>Date Assigned:</b> | 04/14/2015   | <b>Date of Injury:</b>       | 12/01/2005 |
| <b>Decision Date:</b> | 05/13/2015   | <b>UR Denial Date:</b>       | 03/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/08/2015 |

### 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: 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 55-year-old female, who sustained an industrial injury on 12/1/05. The injured worker was diagnosed as having bilateral wrist and forearm tendonitis, bilateral carpal tunnel syndrome, right lateral epicondylitis/right elbow tendonitis, bilateral shoulder strain, secondary depression and anxiety and gastrointestinal upset. Treatment to date has included oral medications including opioids, intravenous medications, left shoulder surgery, carpal tunnel release, physical therapy and home exercise program. Currently, the injured worker complains of bilateral upper extremity pain, neck pain, bilateral wrist pain, right elbow pain, depression and anxiety due to chronic pain, difficulty sleeping due to pain and nausea due to medication use. Physical exam noted well-healed scar of left and right shoulders, slight tenderness over the peri-scar region of right shoulder, tenderness of lateral elbow, moderate tenderness of right wrist with healed surgical scar, mild tenderness of left wrist and mood and affect are slightly depressed. The treatment plan included (MRI) magnetic resonance imaging of bilateral upper extremities, authorization for Norco and Percocet, Naproxen, Lidoderm patch, Prilosec, Lunesta and a Pil-O-Splint for left hand and brace for left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patch 5 percent 10cmx14cm 700 mg #30 for pain: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm 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. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm patch 5 percent 10cmx14cm 700 mg #30 for pain is not medically necessary.

**Norco 10/325mg one tablet tid #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 60.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Norco 10/325mg one tablet tid #90 is not medically necessary.