

Case Number:	CM15-0071708		
Date Assigned:	04/21/2015	Date of Injury:	08/16/2008
Decision Date:	06/05/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 51 year old male, who sustained an industrial injury on August 16, 2008. The injured worker was diagnosed as having MRI right wrist-status post proximal row corpectomy with degenerative joint disease, left wrist MR/Arthrogram-lunate osteonecrosis and ligament instability, right carpal tunnel syndrome, complaints of depression, electromyography (EMG)-carpal tunnel syndrome and cervical left C6 radiculitis, and chronic pain. Treatment to date has included MRIs, electromyography (EMG), and medication. Currently, the injured worker complains of worsening hand and wrist pain. The Primary Treating Physician's report dated March 16, 2015, noted the injured worker with chronic pain. Physical examination was noted to show left wrist diminished range of motion (ROM) with crepitus and persistent triggering left thumb, with left thumb numbness, neck pain on extension with positive compression sign with left arm radiation and diminished biceps reflex and weakness of thumb extension. The lumbar spine was noted to have persistent lumbar spine spasm on the right with asymmetric range of motion (ROM). The treatment plan was noted to include requests for urine toxicology, labs to assess liver function, Tylenol #4 #60, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The medical records document the long-term prescription of the opioids, Hydrocodone and Codeine. MTUS guidelines support the use of urine drug testing for patients prescribed opioids. Therefore, the request for urine toxicology is medically necessary.

Labs to assess liver function: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page 11-12. Decision based on Non-MTUS Citation FDA <http://www.fda.gov/Drugs/DrugSafety/ucm239821.htm>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Acetaminophen overdose is a well-known cause of acute liver failure. Acetaminophen, when used at recommended maximum doses, may induce ALT elevations. FDA Drug Safety Announcement dated 1-13-2011 warned of the potential for severe liver injury with Acetaminophen. The medical records document the long-term use of prescription drug products that contain Acetaminophen. MTUS and FDA warn of liver injury with Acetaminophen. Therefore, the request for labs to assess liver function is supported by MTUS and FDA guidelines. Therefore, the request for labs to assess liver function is medically necessary.

Norco 10/325mg #80: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96; 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document a history of left proximal row carpectomy with PIN posterior interosseous neurectomy, right wrist fusion, right carpal tunnel release surgery, post-operative infection, Kienbock's disease, bilateral carpal tunnel syndrome, left carpal tunnel release and ulnar nerve decompression at the wrist, status post left proximal row carpectomy with posterior interosseus neurectomy, right wrist fusion, right carpal tunnel release, and EMG evidence of left C6 radiculopathy. The primary treating physician's progress report dated 3/16/15 documented wrist and neck conditions. The patient reported that hand and wrist pain is the worst. MRI magnetic resonance imaging of right wrist demonstrated proximal carpectomy with degenerative joint disease. Left wrist MR arthrogram demonstrated lunate osteonecrosis and ligament instability. Right carpal tunnel syndrome was noted. Electromyography demonstrated carpal tunnel syndrome and cervical C6 radiculitis. Norco 10/325 mg #80 was requested on 3/24/15. In the medical records, the patient reported analgesia and benefit with medication. Medical records document objective evidence of pathology on imaging studies and electrodiagnostic studies. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Lidopro cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73. Capsaicin, topical Page 28-29.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical

NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin is only an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. The primary treating physician's progress report dated 3/16/15 wrist and neck conditions. Methyl salicylate, a component of LidoPro, is a NSAID. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. There is no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin per MTUS. There was no documentation of post-herpetic neuralgia. Per MTUS, further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. MTUS guidelines and medical records do not support the medical necessity of a topical analgesic containing Methyl Salicylate, Capsaicin, and Lidocaine, which are ingredients in LidoPro. Per MTUS guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro cream is not medically necessary.