

Case Number:	CM15-0072288		
Date Assigned:	04/22/2015	Date of Injury:	09/13/2013
Decision Date:	05/27/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female, who sustained an industrial injury on 9/13/2013. She reported left foot pain after a 500 pound cart rolled over her left foot. The injured worker was diagnosed as having lumbosacral strain and left foot crush injury. Treatment to date has included, emergency room treatments, medications, splint, crutches, chiropractic care and left lumbar sympathetic block. The request is for indomethacin cream and lidocaine infusion study, and Norco. On 9/29/2014, she was seen for back pain and left foot pain. She rated her average pain to be 7/10, and worst pain 8/10. The records indicate she reported receiving an injection which helped with her pain. The treatment plan included: functional restoration program, exercise program, orthopedic physician visits, physical therapy, and anti-inflammatory medications. The records indicate she has been utilizing Norco since September 2014. On 3/22/2015, the IW was noted to be utilizing more than the recommended dose of Norco. The UDS and CURES data was noted to be consistent. The regular medications listed are Norco, Ultram, Feldene and Indomethacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of addiction, tolerance, dependency, sedation and adverse interaction with other sedatives. The records indicate that the patient had been on chronic opioids medications. There is indicate of non compliance with recommended dosage regimen. The patient was given a 'final' warning on 3/22/2015 because of these non compliance actions. There is no documentation of failure of optimum treatment with oral anticonvulsant and antidepressant medications recommended by the guidelines to be utilized as first line medications for the treatment of neuropathic pain such as CRPS. The criteria for the use of Norco 5/325mg was not met. Therefore the request is not medically necessary.

Indomethacin cream quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient is utilizing multiple NSAIDs in both topical and oral formulations. The use of multiple NSAIDs is associated with increased risk of NSAIDs related adverse effects. There is lack of guidelines or FDA support for the utilization of topical formulation of indomethacin. The criteria for the use of indomethacin cream was not met. Therefore the request is not medically necessary.

Lidocaine infusion study: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter CRPS.

Decision rationale: The CA MTUS and the ODG guidelines recommend that oral anticonvulsant and antidepressant medications be utilized as first line treatments in the management of neuropathic pain such as CRPS. There is lack of guideline indication for the utilization of intravenous lidocaine as a diagnostic tool for CRPS. The patient had already completed treatment with the recommended sympathetic nerve blocks. There is no documentation of conclusive subjective or objective findings to support the diagnosis of chronic CRPS. There is no record of failure of first line anticonvulsant and antidepressant medications. The criteria for the use of intravenous lidocaine infusion study was not met. Therefore the request is not medically necessary.