

Case Number:	CM15-0079821		
Date Assigned:	04/30/2015	Date of Injury:	10/07/2002
Decision Date:	07/02/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/27/2015

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 68 year old female, who sustained an industrial injury on 10/7/2002. Diagnoses have included history of bilateral carpal tunnel release, possible complex regional pain syndrome (CRPS) of upper extremity, reactive depression and chronic pain syndrome involving bilateral wrists and hands. Treatment to date has included medication. According to the progress report dated 2/26/2015, the injured worker complained of bilateral wrist burning pain and hyperalgesia. She rated her pain as 7.5/10 on the visual analog scale (VAS). She reported taking four tablets of Norco daily which helped bring her pain down from 10/10 to 5/10. Gralise was effective in the reducing the neuropathic pain to a more manageable level. Physical exam revealed that hands and forearms were hyperalgesic to touch, worse on the right hand. Wrist range of motion was limited bilaterally. Authorization was requested for Gralise, Voltaren gel, Lidoderm patches and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 600mg quantity 90 with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin page(s): 18-19.

Decision rationale: The patient presents with bilateral wrist pain rated 7.5/10. The request is for GRALISE 600MG QUANTITY 90 WITH TWO REFILLS. The request for authorization is not provided. Physical examination reveals well healed volar scars bilaterally, guarding right wrist. Hands and forearms hyperalgesic to touch, worse on the right hand. Wrist range of motion limited bilaterally. She continues to take Norco 4 tablets daily which helps bring her pain down from a 10/10 to a 5/10, which is tolerable. Gralise is very effective in reducing the neuropathic pain to a more manageable level. She does get pain relief with applying the Voltaren gel. She also reports significant pain relief with the Lidoderm Patch. With her analgesic regimen she is able to go to the grocery store for shopping, do the dishes, and go walking for exercise. She is able to do light household chores and spend time with her family. Patient's medications include Lipitor, Detrol LA, Bupropion, Elavil, Xanax, Butalbital, Gralise, Voltaren, Lidoderm and Norco. Reviewed CURES report. The patient's work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 02/26/15, treater's reason for the request is "helping to control her neuropathic pain with side effects." The prescription history has not been provided to determine how long the patient has been prescribed Gralise. The patient presents with neuropathic pain for which Gralise is indicated, and treater has documented decrease in pain and improved function. Per progress report dated 02/26/15, treater notes "Gralise is very effective in reducing the neuropathic pain to a more manageable level. She is able to do light household chores and spend time with her family." Given patient's neuropathic pain and diagnosis, the request appears reasonable. Therefore, the request IS medically necessary.

Voltaren Gel 1 quantity 5 tubes: 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 patient presents with bilateral wrist pain rated 7.5/10. The request is for VOLTAREN GEL 1 QUANTITY 5 TUBES. The request for authorization is not provided. Physical examination reveals well healed volar scars bilaterally, guarding right wrist. Hands and forearms hyperalgesic to touch, worse on the right hand. Wrist range of motion limited bilaterally. She continues to take Norco 4 tablets daily which helps bring her pain down from a 10/10 to a 5/10, which is tolerable. Gralise is very effective in reducing the neuropathic pain to a more manageable level. She does get pain relief with applying the Voltaren gel. She also reports significant pain relief with the Lidoderm Patch. With her analgesic regimen she is able to

go to the grocery store for shopping, do the dishes, and go walking for exercise. She is able to do light household chores and spend time with her family. Patient's medications include Lipitor, Detrol LA, Bupropion, Elavil, Xanax, Butalbital, Gralise, Voltaren, Lidoderm and Norco. Reviewed CURES report. The patient's work status is not provided. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Per progress report dated 02/26/15, treater's reason for the request is "She does get pain relief with applying the Voltaren gel." The prescription history has not been provided to determine how long the patient has been prescribed Voltaren gel. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.

Lidoderm 5% patches quantity 60: Overturned

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 lidocaine page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm patches.

Decision rationale: The patient presents with bilateral wrist pain rated 7.5/10. The request is for LIDODERM 5% PATCHES QUANTITY 60. The request for authorization is not provided. Physical examination reveals well healed volar scars bilaterally, guarding right wrist. Hands and forearms hyperalgesic to touch, worse on the right hand. Wrist range of motion limited bilaterally. She continues to take Norco 4 tablets daily which helps bring her pain down from a 10/10 to a 5/10, which is tolerable. Gralise is very effective in reducing the neuropathic pain to a more manageable level. She does get pain relief with applying the Voltaren gel. She also reports significant pain relief with the Lidoderm Patch. With her analgesic regimen she is able to go to the grocery store for shopping, do the dishes, and go walking for exercise. She is able to do light household chores and spend time with her family. Patient's medications include Lipitor, Detrol LA, Bupropion, Elavil, Xanax, Butalbital, Gralise, Voltaren, Lidoderm and Norco. Reviewed CURES report. The patient's work status is not provided. MTUS guidelines page 57 states, "topical lidocaine 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. 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 a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Per progress report dated 02/26/15, treater's reason for the request is "helped her with pain in the upper extremities in the past." The prescription history has not been provided to determine how long the patient has been

prescribed Lidoderm patch. In this case, the patient continues with bilateral wrist pain. Lidoderm patch is indicated for neuropathic pain, which the treater has documented. Furthermore, treater documents significant pain relief and improved function with Lidoderm patch. Therefore, the request IS medically necessary.

Norco 5/325mg quantity 120 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS page(s): 76-78, 88-89.

Decision rationale: The patient presents with bilateral wrist pain rated 7.5/10. The request is for NORCO 5/325MG QUANTITY 120 WITH ONE REFILL. The request for authorization is dated not provided. Physical examination reveals well healed volar scars bilaterally, guarding right wrist. Hands and forearms hyperalgesic to touch, worse on the right hand. Wrist range of motion limited bilaterally. She continues to take Norco 4 tablets daily which helps bring her pain down from a 10/10 to a 5/10, which is tolerable. Gralise is very effective in reducing the neuropathic pain to a more manageable level. She does get pain relief with applying the Voltaren gel. She also reports significant pain relief with the Lidoderm Patch. With her analgesic regimen she is able to go to the grocery store for shopping, do the dishes, and go walking for exercise. She is able to do light household chores and spend time with her family. Patient's medications include Lipitor, Detrol LA, Bupropion, Elavil, Xanax, Butalbital, Gralise, Voltaren, Lidoderm and Norco. Reviewed CURES report. The patient's work status is not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Per progress report dated 02/26/15, treater's reason for the request is "helps bring her pain down from a 10/10 to a 5/10." The prescription history has not been provided to determine how long the patient has been prescribed Lidoderm patch. MTUS requires appropriate discussion of the 4A's, and in addressing the 4A's, treater discusses how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also discussed, specifically showing significant pain reduction with use of Norco. There is discussion regarding adverse effects and aberrant drug behavior. A CURES report was reviewed. Therefore, the request IS medically necessary.