

Case Number:	CM15-0093985		
Date Assigned:	05/20/2015	Date of Injury:	07/15/1996
Decision Date:	06/25/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/15/2015

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, California
 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:

This is a 53 year old female patient who sustained a work related injury on 7/15/96. The diagnoses have included bilateral carpal tunnel syndrome, chronic regional pain syndrome, myofascial pain and right carpometacarpal arthropathy. Per the PR-2 dated 4/23/15, she had complaints of increased burning pain and cramping in both hands; left hand pain, dystonia and spasms in fingers. She had complaints of both hands "locking," left greater than right. She could not stand cold on arms. She had limitations with fine motor, lifting, grasping and any repetitive movements. Physical examination revealed Left 4th and 5th fingers- red compared to rest, contracture of 5th finger, very sensitive left wrist scar to touch, painful extension of wrist, normal right side; very depressed and tearful. The medications list includes gralise, valium, nexium, anaprox-DS, Lidoderm/ Flector patches, Voltaren gel, norco, lexapro, dyanzide, flonase, verapamil, allegra and xopenex. She has undergone bilateral carpal tunnel releases and ulnar tunnel release. She has had cortisone injections, acupuncture, aqua therapy, bracing, chiropractic treatments, massage, heat therapy and psychiatric treatment. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine topical 5% #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications for pain is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. Lidocaine topical 5% #60 x 2 refills is not medically necessary for this patient.

Norco 5/3525mg #150 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 76-80.

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioid for chronic pain is not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 5/3525mg #150 x 2 refills is not medically necessary for this patient.

Anaprox DS 550mg #60 x 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

Decision rationale: Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic bilateral hand pain. The patient also had abnormal objective physical exam findings- Left 4th and 5th fingers- red compared to rest, contracture of 5th finger, very sensitive left wrist scar to touch, painful extension of wrist. patient has history of bilateral carpal and ulnar tunnel release. NSAIDs are considered first line treatment for pain and inflammation. The request for Anaprox DS 550mg #60 x 2 refills is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.