

Case Number:	CM13-0014298		
Date Assigned:	12/11/2013	Date of Injury:	08/16/2011
Decision Date:	02/11/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 44 year old male who presented with bilateral upper extremity pain following a work related injury on 8/16/2011. The claimant complained of bilateral elbow, wrist pain, right lower neck pain radiating to the trapezius. The claimant is status post fluoroscopically-guided permanent spinal cord stimulator implant, bilateral cubital tunnel release, carpal tunnel release. The claimant's physical exam was significant for bilateral hand and wrist hyperalgesia, allodynia, edema, hypesthesia and trophic skin changes, bilateral grip strength is reduced, weakness of the bilateral biceps, wrist extensors, triceps and wrist flexors. The claimant was diagnosed with complex regional pain syndrome of bilateral upper extremity, bilateral elbow pain, bilateral wrist pain, and bilateral median neuropathy/neuritis. The claimant's medications included oxycodone 10/325mg, Oxycontin, Ambien and lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10/325MG 1 TAB EVERY 4 HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Oxycodone 10/325mg one every 4 hours is not medically necessary for the claimant's chronic pain. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Oxycodone is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids. Additionally, Per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. It would be in the best interest of the claimant to wean off opioid therapy.

LIDOCAINE PATCHES- ONE TO THE BACK OVER SCS IMPLANT SITE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Lidocaine patches one to the back over the scs implant site is not medically necessary. Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The lidocaine patch was prescribed for peripheral pain and not neuropathic pain as well as there is no documentation of physical findings or diagnostic imaging confirming neuropathic pain. Additionally, there is no documentation that the claimant trialed first-line therapy. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.