

Case Number:	CM13-0033930		
Date Assigned:	01/15/2014	Date of Injury:	01/13/2007
Decision Date:	03/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/11/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, upper back, and shoulder pain with associated headaches reportedly associated with an industrial injury of January 13, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long-acting opioid; and topical patches. In a Utilization Review Report of September 20, 2013, the claims administrator certified a prescription for Zanaflex, partially certified OxyContin seemingly for weaning purposes, certified Cymbalta, certified MiraLax, and denied Lidoderm patches. The applicant personally appealed, in a handwritten letter, in which he states that he is having heightened complaints of pain as well as issues with severe headaches causing nausea and vomiting. The applicant states that he would like to obtain Botox injections. The applicant states that he does exercise by walking about a mile and a half daily. The applicant states that he feels that his activity levels have decreased after discontinuation of OxyContin. The applicant states that he has burning low back pain as well as pain in his elbows and wrists. The applicant states that his way of life will change for the worst if his medications are not provided. The applicant further states that she is married, with four children. In a progress note of May 10, 2013, the applicant is given refills of OxyContin and Zanaflex. On June 7, 2013, the applicant stated that her pain scores were reduced by four points to 5/10 with medications. OxyContin and Zanaflex were renewed. A later note of September 4, 2013 is notable for comments that the applicant is employed at the [REDACTED] and reports reduction in pain levels by four points as a result of ongoing opioid usage. The applicant again reports on December 31, 2013 that her ability to perform activities of daily living is improved and her pain scores are reduced by four points as a result of ongoing

OxyContin usage. Operating diagnoses include cervical disk degeneration with myalgias and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg QTY:90.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, the applicant does report consistent reductions in pain scores from 9/10 to 5/10 as a result of ongoing OxyContin usage. The applicant states her ability to perform activities of daily living is reportedly improved as a result of ongoing OxyContin usage. The attending provider had seemingly suggested that the applicant is working at the [REDACTED], although this is not well established, it is noted. Nevertheless, on balance, it appears that at least two of the three criteria set forth in the MTUS guidelines for continuation of opioid therapy have been met. Therefore, the original utilization review decision is overturned. The request is certified.

Lidoderm 5% patch QTY:30.00: 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 Page(s): 112.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy in the form of antidepressants and/or anticonvulsants. In this case, however, there is no evidence that antidepressants and/or anticonvulsants have been tried and/or failed. It is further noted that the claims administrator did certify a request for Cymbalta, an antidepressant medication, in a Utilization Review Report of September 28, 2013, effectively obviating the need for topical Lidoderm. Finally, it is incidentally noted that the applicant's pain appears to be musculoskeletal/myofascial in nature, based on the diagnosis stated by the attending provider as opposed to neurologic or neuropathic in nature. For all of these reasons, then, the request for Lidoderm patches is not certified, on Independent Medical Review.

