

Case Number:	CM13-0046561		
Date Assigned:	12/27/2013	Date of Injury:	04/20/1988
Decision Date:	11/13/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/31/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 59 year old woman with a date of injury of 4/20/88. She was seen by her provider on 10/22/13 with complaints of left shoulder and right knee pain. She is status post left shoulder surgery in 2009 and right total knee replacement in 2011. She continued to take her medications including opioids. She did not report any new side effects and her medications were said to be controlling some but not all of her symptoms. Her exam showed an antalgic gait and she was mobile with a cane. She was able to sit for 15 minutes without pain. She had a well healed right knee scar. Her diagnoses were shoulder pain and knee pain. At issue in this review are the refill of prescriptions, Lidoderm Film, Oxycontin, Percocet and Cyclobenzaprine. Length of prior therapy was not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 LIDODERM PATCHES 5%, 1-2 PATCHES DAILY, WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 112.

Decision rationale: Lidoderm is the brand name for a lidocaine patch. 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. This injured worker has chronic shoulder and knee pain with an injury sustained in 1988. Her medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics, and muscle relaxants. Lidoderm is FDA approved only for post-herpetic neuralgia and he is concurrently receiving first line therapy for neuropathic pain. The medical records do not support medical necessity for the prescription of Lidoderm in this injured worker.

45 CYCLOBENZAPRINE 5MG, 1.5 TABLETS DAILY AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic shoulder and knee pain with an injury sustained in 1988. Her medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics, and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/13 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, spasm is not documented on the exam. The medical necessity of cyclobenzaprine is not substantiated. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records.

120 PERCOCET 10/325MG, 1 TABLET 3-4 TIMES A DAY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic shoulder and knee pain with an injury sustained in 1988. Her medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics, and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/13 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. The percocet is denied as not medically substantiated.

60 OXYCONTIN ER 30MG, 1 TABLET EVERY 12 HOURS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic shoulder and knee pain with an injury sustained in 1988. Her medical course has included numerous treatment modalities including surgery and ongoing use of several medications including narcotics, and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/13 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. The Oxycontin is denied as not medically substantiated.