

Case Number:	CM13-0060767		
Date Assigned:	12/30/2013	Date of Injury:	11/09/2006
Decision Date:	05/20/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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 patient is a 44 year old male who was injured on 11/09/2006. The patient sustained an accepted industrial injury while at work due to repetitive stress. Prior treatment history has included cervical collar and gel, cervical pillow, TENS unit, elbow sleeve, elbow extension brace and hot and cold wrap. He also had a gym membership at In-Shape near his home with access to pool, steam room, sauna, as well as exercise equipment; physical therapy for his shoulders and elbow. The patient's medications as of 12/02/2013 include: Norco 10/325 mg, OxyContin 40 mg Cialis 5 mg, Gabapentin 600 mg, Lidoderm patch 5%, Naproxen 550 mg, Protonix 20 mg, and LidoPro lotion 4 ounces. An elbow MRI showed arthritic changes and osteochondral lesion. Follow-up evaluation note dated 09/23/2013 stated the patient reported persistent pain which he rated between a 6-7/10 without medications and with medications his pain was rated at 3-4/10. Objective findings on exam revealed tenderness along the cervical paraspinal muscles bilaterally and pain along the medial and lateral epicondyles. He had pain in the wrist, CMC, and STT joint on the right with weakness against resistance at 5-/5. The patient was diagnosed with discogenic cervical condition with a radicular component, rotator cuff tear on the right status post intervention surgically, impingement syndrome on the left status post intervention surgically, and osteoarthritis along the elbow with loss of motion status post plica release and osteotomy in the past. Follow-up evaluation note dated 08/16/2013 stated the patient was reporting persistent neck pain, bilaterally shoulder pain, as well as bilateral elbow pain with numbness and tingling. A MRI of the right elbow was previously requested in light of the persistent pain with numbness and tingling which radiated to his hands and fingers with no response. He was taking medications to be functional. He rated his pain as 8-10/10 without medications and 4-6/10 with medications. He was currently not working and doing chores around the house as tolerated. On exam, he had tenderness along the cervical paraspinal muscles by. He also had limited range of

motion to the shoulder abduction and flexion of 125 to 130 degrees bilaterally. He had tenderness along the medial and lateral epicondyles of the elbows bilaterally with positive Tinel's on the right elbow. He had some weakness against resistance to elbow flexion and extension at 5-/5 secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to CA MTUS, Hydrocodone/Acetaminophen (Anexsia[®], Co-Gesic[®], Hycet[®]; Lorcet[®], Lortab[®]; Margesic-H[®], Maxidone[®]; Norco[®], Stagesic[®], Vicodin[®], Xodol[®], Zydone[®]; generics available) is indicated for moderate to moderately severe pain. One of the criteria for maintaining a patient on an opioid therapy includes: (d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Prolonged utilization of opioid chronic utilization of opioid medications is not generally recommended. The patient has not returned to work. The medical records do demonstrate maintained improved function and reduced pain. In the absence of demonstrated sustained clinically significant pain relief and functional improvement, continued use of Norco is not supported. The medical necessity for Norco has not been established. Weaning from Norco is recommended, and supported by the guidelines.

OXYCONTIN 40MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids are that they stabilize medication levels, and provide around-the-clock analgesia. Long-acting opioids include: Morphine (MSContin[®], Oramorph SR[®], Kadian[®], Avinza[®]), Oxycodone (Oxycontin[®]), Fentanyl (Duragesic Patch[®]), Hydromorphone (Palladone[®]). Ongoing management should

include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish that this patient requires long-acting opioids. There are no details regarding overall situation with regard to non-opioid and non-pharmacologic means of pain control. The medical records do not establish this patient has obtained overall improvement in function or returned to work. The guidelines state that if there is no overall improvement in function, opioids should be discontinued. The medical necessity for OxyContin has not been established. In accordance with the guidelines, weaning from OxyContin is recommended.

CIALIS 5MG #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NLM.NIH.GOV/MEDLINEPLUS/DRUGINFO/MEDS/A604008.HTML](http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html).

Decision rationale: Tadalafil (Cialis) is used to treat erectile dysfunction (ED, impotence; inability to get or keep an erection), and the symptoms of benign prostatic hyperplasia (BPH; an enlarged prostate) which include difficulty urinating (hesitation, dribbling, weak stream, and incomplete bladder emptying), painful urination, and urinary frequency and urgency in adult men. Tadalafil (Adcirca) is used to improve the ability to exercise in people with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Tadalafil is in a class of medications called phosphodiesterase (PDE) inhibitors. It works to treat erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Tadalafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow more easily. The patient complains of sexual dysfunction. However the medical records do not provide any detailed evidence of sexual dysfunction. Based on the information obtained in the medical records provided, Cialis is not medically necessary.

LIDODERM PATCH 5% #60: 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 Lidoderm(Lidocaine Patch) Page(s): 56.

Decision rationale: The guidelines state 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. However, the medical records do not establish this patient has localized peripheral pain or failure with trial of oral first-line therapies. It is also noted that the medical records demonstrate that in addition to the prescription for Lidoderm patch, the patient was also dispensed gabapentin 600 mg and a compounded topical agent, Lidopro lotion, from his physician's office. The medical records establish that Lidoderm patch is not medically necessary.