

Case Number:	CM13-0067064		
Date Assigned:	01/03/2014	Date of Injury:	06/01/1998
Decision Date:	05/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 58-year-old female who reported a work-related injury on 6/1/98. The mechanism of injury was not stated. The injured worker is status post a left shoulder arthroscopy in 2000, an L5-S1 posterior fusion in 2001, repeat exploration of L5-S1 for evacuation of hematoma, status post re-exploration and posterior fusion at right L5-S1 in 2002, and status post right carpal tunnel release for right carpal tunnel syndrome in 2011. Recent clinical documentation stated that the injured worker complained of right shoulder pain and was using Norco and Motrin. She was also taking Oxycontin and Norco for her back pain. Her diagnoses included right rotator cuff impingement and acromioclavicular joint arthrosis, and narcotic dependence. The injured worker is also status post right shoulder rotator cuff repair and debridement. The injured worker reported that her pain was at 7/10 with medications and at 9/10 without medications. The injured worker has undergone conservative treatment, to include physical therapy, traction, massage, braces, chiropractic treatments, acupuncture treatments, aquatic therapy and injections. The request was made for Oxycontin, Norco, Xanax and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

270 OXYCONTIN 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ongoing review and documentation of the injured worker's pain relief, functional status, appropriate medication use and side effects should be noted for injured workers taking opioids for pain relief. There were no functional benefits noted for the injured worker within the submitted clinical documentation. The injured worker reported that she was back on Oxycontin 40mg three times a day because of all of her new injuries, but was ready to decrease the dose and get to a minimal level to function. There was no evidence given that the injured worker had returned to work and no documentation of the injured worker's improved functioning and pain relief due to the use of Oxycontin. Therefore, the request is not medically necessary.

810 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that ongoing review and documentation of the injured worker's pain relief, functional status, appropriate medication use and side effects should be noted for injured workers taking opioids for pain relief. There were no functional benefits noted for the injured worker within the submitted clinical documentation. The Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. The guidelines further state to continue opioids if the injured worker has returned to work and if the injured worker has improved functioning and pain relief. Given the above, the request is not medically necessary.

270 XANAX 0.5MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The recent clinical documentation stated that the injured worker was to continue Xanax three times a day, as she had an anxiety disorder. The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use to four weeks. It was not stated how long the injured worker had been prescribed Xanax in the submitted clinical documentation. Guidelines further state that chronic benzodiazepines are the treatment of choice in very few conditions and that a more appropriate

treatment for anxiety disorders is an antidepressant. Therefore, the request for Xanax for the injured worker would not be supported. As such, the request is not medically necessary.

270 LIDODERM 5% PATCHES: 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): 56-57.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tricyclic or SNRI antidepressants, or an AED such as Gabapentin or Lyrica. Topical lidocaine is not a first-line treatment and is only FDA-approved for postherpetic neuralgia. The injured worker was not noted to have failed a trial of first-line therapy. In addition, there were no reported functional benefits that could be objectively measured due to the use of Lidoderm patches. Therefore, the request is not medically necessary.