

Case Number:	CM14-0002457		
Date Assigned:	01/24/2014	Date of Injury:	03/02/1999
Decision Date:	06/16/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 72-year-old male who reported an injury on 03/02/1999. The mechanism of injury was not stated. Current diagnoses include cervical degenerative disc disease, status post multiple cervical laminectomies and fusions, cervical radiculopathy, chronic cervicgia, left carpal tunnel syndrome, status post left carpal tunnel release, chronic neuropathic pain in the left upper extremity, bilateral shoulder impingement syndrome, pain related insomnia, pain related depression, left wrist sprain, right hand sprain, right biceps tendon rupture, right rotator cuff tear, status post right shoulder surgery, status post multiple right carpal tunnel and trigger finger release, and status post left shoulder arthroscopy. The injured worker was evaluated on 01/15/2014. The injured worker reported increasing pain in the right shoulder. Current medications include OxyContin 40 mg, Percocet 5/325 mg, Ambien 10 mg, Flexeril, 10 mg, amitriptyline 10 mg, and Lidoderm 5% patch. Physical examination revealed tenderness to palpation at the cervical thoracic junction, tenderness into the left rhomboid and scapular region, severely reduced range of motion, positive impingement sign bilaterally, limited shoulder range of motion bilaterally, positive Tinel's testing at the right cubital tunnel, tenderness at the right lateral epicondyle, tenderness of the right wrist, moderately limited flexion of the fingers in the right hand, significant weakness with pain and guarding, and reduced sensation in the right upper extremity. Treatment recommendations included a prescription for Percocet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PERCOCET (ACETAMINOPHEN-OXYCODONE) 5/325MG #150 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Percocet since 04/2013. The injured worker continues to report increasing pain in the right shoulder. The injured worker's physical examination does not reveal any significant changes that would indicate functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF FLEXERIL (CYCLOBENZAPRINE HCL) 10MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized cyclobenzaprine 10 mg since 04/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF AMBIEN (ZOLPIDEM) 10MG #45 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Hypnotics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of

sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of chronic insomnia. There is no evidence of a failure to respond to nonpharmacologic treatment. There is also no frequency listed in the current request. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM (LIDOCAINE TOPICAL) FILM 5% #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. The injured worker has utilized Lidoderm 5% since 04/2013; however, there is no evidence of a trial of first line therapy with antidepressants or anticonvulsants. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.