

Case Number:	CM14-0124640		
Date Assigned:	08/08/2014	Date of Injury:	06/14/2005
Decision Date:	09/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 34-year-old female with a reported date of injury on 06/14/2005. The mechanism of injury was not provided within the documentation available for review. Her diagnoses included repetitive stress injury resulting in cumulative trauma, cervicgia with radiculopathy, myofascial syndrome, medial and lateral epicondylitis, right carpal tunnel syndrome, bilateral biceps tendinitis, complex regional pain syndrome, reactive sleep disturbance, reactive depression and anxiety, cognitive impairment and cervicogenic headaches. The therapies are noted to include the use of a spinal cord stimulator. Diagnostic studies were not provided within the documentation available for review. Previous surgical history includes status post carpal tunnel release times 2. The clinical note dated 06/08/2014, the injured worker presented with pain rated at 6-7/10. The injured worker noted increased pain over the stimulator site. The clinical information indicates the injured worker continued Oxymorphone and Methadone for baseline pain control and the Oxycodone for general and breakthrough pain. In addition, the physician indicated the injured worker had acute muscle spasms and utilized Zanaflex with good benefit. The injured worker also utilized Clonidine and Lyrica for neuropathic pain, Cymbalta for neuropathic pain, and depression. The Request for Authorization for Oxymorphone HCL ER 40mg QTY 80, Oxymorphone HCL ER 30mg QTY 80, Methadone 10 mg QTY 240, Oxycodone 30 mg QTY 120, Clonidine 0.2mg QTY 90, Zanaflex 4mg QTY 120, Terocin 4%, Lidocaine patch QTY 30, Monarch pain cream, 2 tubes was submitted on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone HCL ER 40mg qty 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review, indicates the injured worker has utilized Oxymorphone for an extended period of time, beyond 2013. There is lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the clinical note dated 06/08/2014, the injured worker rated her pain at 6-7/10. The clinical note dated 02/10/2014, the injured worker rated her pain at 5/10. There is lack of documentation related to the therapeutic and functional benefit in the ongoing use of Oxymorphone. In addition, the request, as submitted, failed to provide for frequency and directions for use. Therefore, the request for Oxymorphone HCL ER 40mg QTY 80 is not medically necessary.

Oxymorphone HCL ER 30mg qty 80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review, indicates the injured worker has utilized Oxymorphone for an extended period of time, beyond 2013. There is lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the clinical note dated 06/08/2014, the injured worker rated her pain at 6/10 to 7/10. The clinical note dated 02/10/2014, the injured worker rated her pain at 5/10. There is lack of documentation related to the therapeutic and functional benefit in the ongoing use of Oxymorphone. In addition, the request, as submitted, failed to provide for frequency and directions for use. Therefore, the request for Oxymorphone HCL ER 30mg QTY 80 is not medically necessary.

Menthadone 10 mg Qty 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review, indicates the injured worker has utilized Oxymorphone for an extended period of time, beyond 2013. There is lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the clinical note dated 06/08/2014, the injured worker rated her pain at 6/10 to 7/10. The clinical note dated 02/10/2014, the injured worker rated her pain at 5/10. There is lack of documentation related to the therapeutic and functional benefit in the ongoing use of Oxymorphone. In addition, the request, as submitted, failed to provide for frequency and directions for use. Therefore, the request for Methadone 10 mg QTY 240 is not medically necessary.

Oxycodone 30 mg qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review, indicates the injured worker has utilized oxymorphone for an extended period of time, beyond 2013. There is lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the clinical note dated 06/08/2014, the injured worker rated her pain at 6/10 to 7/10. The clinical note dated 02/10/2014, the injured worker rated her pain at 5/10. There is lack of documentation related to the therapeutic and functional benefit in the ongoing use of Oxymorphone. In addition, the request, as submitted, failed to provide for frequency and directions for use. Therefore, the request for Oxycodone 30 mg qty 120 is not medically necessary.

Clonidine 0.2mg qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedicineNet.com.

Decision rationale: The California MTUS Guidelines state the medication clonidine is used alone or with other medications to treat high blood pressure. Lower high blood pressure helps prevent strokes, heart attacks and kidney problems. This drug may also be used for attention deficit hyperactivity disorder, for hot flashes that occur with menopause, for withdrawal symptoms from narcotic analgesics and to help people quit smoking. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, there is a lack of documentation related to high blood pressure, attention deficit disorder or the rationale related to the request for clonidine. In addition, the request, as submitted failed to provide frequency and directions for use. Therefore, the request for clonidine 0.2 mg quantity 90 is not medically necessary.

Zanaflex 4mg qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antipasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The California MTUS Guidelines state that Zanaflex is a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. There is a lack of documentation related to objective clinical findings of muscle spasm. There is a lack of documentation related to the ongoing therapeutic and functional benefit in the use of Zanaflex. The clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, the request, as submitted, failed to provide frequency and directions for use. Therefore, the request for Zanaflex 4 mg quantity 120 is not medically necessary.

Terocin 4% Lidocaine patch qty 30: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that "topical analgesics are recommended as indicated, although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." In addition, the guidelines state that "lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine in the formulation of a dermal patch called Lidoderm

has been designated for orphan status by the FDA for neuropathic pain." Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical information provided for review indicates the injured worker has utilized Terocin/lidocaine patches prior to 2013. There is a lack of documentation related to the functional and therapeutic benefit in the ongoing use. In addition, there is lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. Furthermore, the guidelines do not recommend lidocaine patches beyond the formulation of a dermal patch called Lidoderm. The request, as submitted failed to provide frequency and directions for use. Therefore, the request for Terocin 4% lidocaine patch quantity 30 is not medically necessary.

Monarch pain cream, 2 tubes: 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 Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines state that topical analgesics are recommended as indicated, although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions and no need to titrate. Monarch pain cream is a manufacturer. The request, as submitted, fails to provide for a specific topical cream to be utilized. In addition, the request, as submitted, failed to provide frequency and directions for use. In addition, the clinical information provided for review lacks documentation related to the injured worker's functional deficits to include range of motion values and degrees. The rationale for the request was not provided within the documentation available for review. Therefore, the request for Monarch pain cream 2 tubes is not medically necessary.