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| Case Number: | CM14-0153635 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 06/04/2013 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 46-year-old female who has submitted a claim for shoulder sprain and strain associated with an industrial injury date of 06/04/2013. Medical records from 2014 were reviewed. The patient complained of shoulder pain. Physical examination revealed decreased range of motion of the shoulder bilaterally. Treatment to date has oral medications, such as Ultracet (since at least July 2014), physical therapy and surgery. Utilization review from 08/28/2014 modified the request for for Ultracet 37.5mg 1po q6h, #120 to Ultracet 37.5mg 1po BID #60 because the guidelines would suggest use of Ultracet on a short-term basis and notes long-term use cannot be recommended at this time. This medication has been utilized four times a day and should not be abruptly discontinued and therefore is partially certified to allow for appropriate weaning. The request for Lidoderm patches 1-3 per day, #90 was denied because the current guidelines only recommend topical lidocaine in patients with neuropathic pain after failure of first-line therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5mg 1po q6h, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

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

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Ultracet since at least July 2014. The medical records submitted do not document any measurable analgesic benefit with use of Ultracet. Furthermore, there is no UDS or a signed opiate contract agreement documented. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ultracet 37.5mg 1po q6h, #120 is not medically necessary.

Lidoderm patches 1-3 per day, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pages 56-57; Topical Analgesics, Lidocaine, page 112 Page(s): 56-57;.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In addition, 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). Regarding the Menthol component, the MTUS does not cite specific provisions, but the Official Disability Guidelines (ODG) Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, documentation did not include prescription of Lidocaine patch before this request. There was no indication of a trial of antidepressants or AED and intolerance to oral analgesics. Medical necessity has not been established. Therefore, the request for Lidoderm patches 1-3 times per day, #90 is not medically necessary.