MAXIMUS Federal Services

Case Number:	CM14-0165038		
Date Assigned:	10/10/2014	Date of Injury:	04/01/2009
Decision Date:	12/09/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old female with an injury date of 04/01/09. The 08/29/14 progress report by [redacted] states that the patient presents with achy, burning, tingling bilateral upper extremity pain rated 4/10 right worse than left with headache, joint pain and muscle weakness. The reports do not state if the patient is working. Examination of the right upper extremity shows right shoulder decreased pain flexion, 75%. The patient's diagnoses include:1.Carpal tunnel syndrome stable2.Chronic pain syndrome stable3.Shoulder pain stable4.Sprain/strain shoulder stableMedications are listed as: Butrans, Lidocaine cream, Amitiza, Vistaril, and HorizantThe utilization review being challenged is dated 09/19/14. The rationale regarding Butrans Patch is that documentation does not support long term opioid use and the request is modified to a 30 day supply for weaning. Reports were provided from 06/18/4 to 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78; 88-89.

Decision rationale: The patient presents with bilateral upper extremity pain right worse than left rated 4/10 with headache, joint pain and weakness. The provider requests for Butrans patch 10 mg #4 (Buprenorphine a partial opioid agonist). The reports show the provider requested a trial of this medication on 07/17/14.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The reports provided show the patient's long term opioid-use as the 06/18/14 report discusses use of Norco (Hydrocodone an opioid) as early as 02/12/14. It appears Norco was discontinued with the start of Butrans. Pain is routinely assessed through the use of pain scales and shows a decrease from 9/10 on 06/18/14 to 4/10 on 08/29/14. On 08/29/14 the provider states that Butrans reduces the patient's pain by 50% and allows for an increase in activity tolerance. However, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are discussed. The provider states the 02/12/14 UDS is consistent with Norco use and that there are no signs of abuse or aberrant behavior with the use of this medication. No urine toxicology reports are provided and there is no discussion of CURES. No outcome measures are discussed as required by MTUS. In this case, ADLs and outcome measures are inadequately addressed to show that chronic opiate use results in pain and functional improvement. Therefore, Butrans patch 10mcg #4 is not medically necessary and appropriate.

Lidocaine oint/cream 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The patient presents with bilateral upper extremity pain right worse than left rated 4/10 with headache, joint pain and weakness. The provider requests for Lidocaine ointment cream 5% # 1. The reports show this medication was started 08/29/14.MTUS guidelines page 112 state regarding Lidocaine, "Topical Lidocaine, in the formulation of a dermal patch (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 formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The provider states this medication is to be applied to the bilateral upper extremities to reduce hypersensitivity and increase activity tolerance. In this case, MTUS only recommends Lidocaine in patch form. Therefore, Lidocaine ointment/cream 5% #1 is not medically necessary and appropriate.