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| Case Number: | CM14-0022644 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 09/14/2009 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 56-year-old female who reported an injury on 09/14/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 01/28/2014 indicated diagnoses of status post right shoulder arthroscopy with adhesive capsulitis. The injured worker reported frequent constant pain to the right shoulder rated 8/10. She reported medication helped with the pain and decreased the pain to 4- 5/10. On physical examination, there was tenderness to the AC joint with painful limited range of motion; flexion was 110 degrees, extension was 35 degrees, internal rotation was 80 degrees, external rotation was 75 degrees, and abduction was 120 degrees. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Xolido, Zanaflex, and Prilosec. The provider submitted a request for Xolido, genetic testing for narcotic risk, pain management consult, and Prilosec. A Request for Authorization dated 02/03/2014 was submitted for medications and genetic testing for narcotic risk as well as pain management consult. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

XOLIDO FOR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111 and 112.

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

Decision rationale: The request for Xolido for pain is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. According to the California MTUS guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Xolido is a topical cream containing Lidocaine. The documentation submitted did not indicate the injured worker had tried and failed antidepressants. In addition, Lidocaine is not approved unless it is in the form of Lidoderm. According to the California MTUS Guidelines, no other commercially approved topical formulations (whether they are creams, lotions, or gels) are approved unless it is in the form of Lidoderm. In addition, the request did not indicate a dosage, frequency, or quantity. Moreover, there was a lack of documentation of the efficacy and functional improvement with the use of this medication. Therefore, the request for Xolido is not medically necessary.

GENETIC TESTING FOR NARCOTIC RISK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for genetic testing for narcotic risk is not medically necessary. The Official Disability Guidelines (ODG) state Genetic testing for potential opioid abuse is not recommended. It further states while there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Translating pharmacogenetics to clinical practice has been particularly challenging in the context of pain, due to the complexity of this multifaceted phenotype and the overall subjective nature of pain perception and response to analgesia. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Overall, the level of evidence linking genetic variability to opioid response is strong; however, there has been no randomized clinical trial on the benefits of genetic testing prior to oxycodone therapy. On the other hand, predicting the analgesic response to morphine based on pharmacogenetic testing is more complex; though there was hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. A

variety of polymorphisms clearly influence pain perception and behavior in response to pain. However, the response to analgesics also differs depending on the pain modality and the potential for repeated noxious stimuli, the opioid prescribed, and even its route of administration. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. In addition, genetic testing is experimental and not recommended at this time. Furthermore, the provider did not indicate a rationale for the request. Therefore, per the Official Disability Guidelines, genetic testing for narcotic risk is not medically necessary.

PAIN MANAGEMENT ASAP FOR CO-MANAGEMENT OF MEDICATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for pain management asap for co-management of medications is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state if complaints persists, the MD needs to reconsider the diagnosis and decide whether a specialist is necessary. The documentation submitted did not discuss the failure of oral medications for pain control or the need for interventional pain management. In addition, there is no evidence that the injured worker is in need of pain management of her oral medications. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for pain management is not medically necessary.

PRILOSEC 20MG #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #60 with 3 refills is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding or perforations or peptic ulcers. However, the injured worker is utilizing an opioid. However, the provider did not indicate a frequency for the use of this medication. Therefore, the request for Prilosec 20mg #60 with 3 refills is not medically necessary.