

Case Number:	CM14-0036683		
Date Assigned:	06/25/2014	Date of Injury:	09/23/1996
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/26/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 47-year-old who reported injury on 09/23/1996 caused by an unspecified mechanism. The injured worker's treatment included surgery, MRI, medication, and physical therapy. The injured worker was evaluated on 05/15/2014 and it was documented that the injured worker had back, shoulder, and neck pain. The provider noted that the injured worker had undergone a urine drug screen; however lab results were not cited for this review. The objective findings, risks, demonstrate a positive Tinel's. Reflexes were decreased in the upper extremities. Significant upper extremity motor weakness in the left and flexion and extension in the right upper extremity at 4+/5. The Physical examination revealed weakness in internal and external rotation on the right at 4+ to 5-/5. There was also decreased range of motion of the cervical spine and flexion, extension and lateral rotation. There was significant tenderness and pain to palpation over the right shoulder. There was decreased range of motion in the shoulder in abduction and adduction and external and internal rotation. There was subjective neuropathic pain in the right upper extremity with dysesthesias and tingling, along with burning. There was cervical muscle spasm and multiple tender areas in the neck and upper trapezius muscle groups bilaterally. The provider documented the injured worker's current functional status is now diminished, however has experienced withdrawal along with rebound pain when his medications were denied to him. The injured worker's current pain level was noted at 7-8/10. Medications included Zolpidem, Omeprazole, Klonopin and Norco. Diagnoses included cervicgia with bilateral radiculopathy, right shoulder arthropathy with neuropathic pain, right carpal tunnel syndrome, status post right ulnar nerve transposition surgery with residual pain, reactive sleep disturbance and reactive depression. The Request for Authorization dated on 05/01/2014 was for Terocin 4%, Lidocaine patch, Oxymorphone HCL ER 30 mg, and Oxycodone 30 mg. The rationale for pain medications

was for general pain and break through pain; however the rationale for the Terocin Lidocaine patch was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin 4% Lidocaine patch: Upheld

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

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

Decision rationale: TThe California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, request did not provide frequency or location where the patch will be applied. As such, the request for Terocin 4% lidocaine patch is not medically necessary.

Oxymorphone HCL ER 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documents submitted indicated the injured worker has a urine drug screen however, it was not submitted for review indicating opioids compliance. Given the above, Oxymorphone HCL ER 30 mg is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, Oxymorphone HCL ER 30 mg is not medically necessary.

Oxycodone 30 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration. In addition, there was no documented evidence of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. The documents submitted indicated the injured worker has a urine drug screen however, it was not submitted for review indicating opioids compliance. Given the above, Oxycodone 30 mg is not supported by the California Medical Treatment Utilization Schedule (MTUS) guidelines recommendations. As such, Oxycodone 30 mg is not medically necessary.