

Case Number:	CM14-0045354		
Date Assigned:	07/02/2014	Date of Injury:	01/30/1997
Decision Date:	08/21/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 64-year-old female who reported an unknown injury on 01/30/1997. On 12/16/2013, she complained of neck and right arm pain, mid back pain, ribcage pain, low back and leg pain, and right groin pain. Additionally, she had bilateral TMJ pain. Regarding the middle back pain, she reported constant aching pain of the paravertebral muscles at about T8-12, which was worse on the left side. She rated that pain at 6-8/10. Regarding the upper middle back pain, she reported pinching and aching of the inferior border of both scapula. She reported interscapular pain wrapping around the left side of the chest into the left nipple. She rated this pain at 6/10. Regarding her neck and arm pain, she reported constant aching pain in the right paracervical muscles radiating into the right trapezius skipping the shoulder and going down the right arm into the right long and ring fingers. She stated that that pain was controlled by limiting the activity in her arm, but after using her arm for approximately 30 minutes, the pain would go up to 6/10. A urine drug screen on 09/23/2013 was consistent with her taking gabapentin, Oxycodone and Oxymorphone. Her medications included Neurontin 300 mg, Pantoprazole EC 40 mg, Trazodone 50 mg, duloxetine 60 mg, Oxycodone SR 30 mg, Norco 10/325 mg, Esomeprazole ER 40 mg, and lidocaine patch. Since using the Lidoderm patch, she had been able to reduce her Neurontin and OxyContin doses significantly. She stated that she was able to get 70% relief with the Lidoderm patches along with the Cymbalta. She stated that the Lidoderm patch allowed her to knit and read more, which had improved her quality of life. No rationale was included in her chart. A request for authorization dated 03/10/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone SR (Oxycontin) 30mg tab #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long-term use may result in immunological endocrine problems. It was noted that this worker had tried Celexa, Elavil, Lyrica, Neurontin, ibuprofen, and meloxicam for flare ups and neuropathic pain with marginal relief. There is no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations including psychosocial assessment, side effects, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Oxycodone SR (OxyContin) 30 mg tab #90 is not medically necessary.

Hydrocodone-Acetaminophen (Norco) 10-325mg tab #30, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including, documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. There are virtually no studies of

opioids for treatment of chronic lumbar root pain with resultant neuropathy. For chronic back pain, opioids appear to be efficacious but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to but not substituted for the less efficacious drugs. Long-term use may result in immunological endocrine problems. It was noted that this worker had tried Celexa, Elavil, Lyrica, Neurontin, ibuprofen, and meloxicam for flare ups and neuropathic pain with marginal relief. There is no documentation in the submitted chart to attest to appropriate long-term monitoring, evaluations including psychosocial assessment, side effects, quantified efficacy, or collateral contacts. Additionally, there was no frequency specified in the request. Without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for hydrocodone-acetaminophen (Norco) 10/325 mg tab #30, 1 refill, is not medically necessary.