

Case Number:	CM14-0065698		
Date Assigned:	07/11/2014	Date of Injury:	02/06/2004
Decision Date:	08/13/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 a 71-year-old male with an injury date of 02/06/04. Based on the 04/14/14 progress report provided by [REDACTED], the patient complains of neck pain and left upper extremity pain. Tenderness is noted in the cervical spine and paracervical muscles. The 02/03/14 report also states that the patient has left shoulder pain and numbness over his left arm. His diagnoses include the following: Entrapment neuropathy U limb, Extremity pain, Left ulnar neuropathy s/p nerve injury, left brachial plexopathy Shoulder pain, and Ulnar neuropathy. [REDACTED] is requesting for the following: Vicodin 5- 300 mg tablet #60, Lidoderm 5% patch, and Lyrica 75 mg capsule #60 for left forearm and shoulder. The utilization review determination being challenged is dated 04/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/14- 06/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5-300mg Tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61. 88. 89.

Decision rationale: According to the 04/14/14 report by [REDACTED], the patient presents with neck pain and left upper extremity pain. The request is for Vicodin 5- 300 mg tablet #60. The patient reports Vicodin is reserved when pain severe 7+ or higher- per patient still working well to decrease pain to a more tolerable level. According to the MTUS Guidelines, page. 8-9, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. For chronic opiate use, the MTUS guidelines pages 88 and 89 states: Document pain and functional improvement and compare to baseline. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS further requires documentation of the four A's (Analgesia, ADL's, Adverse effects, Adverse behaviors). Under outcome measure, the MTUS also recommends documentation of current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A review of the provider report shows no documentation of pain scales or of any specific changes in ADLs with the use of Vicodin. Therefore, the request is not medically necessary.

Lidoderm 5% Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Lidocaine Indication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding lidoderm patches Lidoderm (lidocaine patch) Page(s): 56, 57 112.

Decision rationale: According to the 04/14/14 report by [REDACTED], the patient presents with neck pain and left upper extremity pain. The request is for Lidoderm 5% patch. The MTUS Guidelines recommends Lidoderm patches for neuropathic pain only stating, recommended for localized peripheral pain after there has been evidence of trial of first-line therapy, tricyclic SNRI, antidepressants or an AED such as gabapentin or Lyrica. This patient does not present with neuropathic pain, but nociceptive pain of the neck and upper extremity. The patient is also taking Lyrica and there is no indication of why the provider wants to prescribe Lidoderm. Therefore, the request is not medically necessary.

Lyrica 75mg Capsule #60 for Left Forearm and Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding Lyrica.

Decision rationale: According to the 04/14/14 report by [REDACTED], the patient presents with neck pain and left upper extremity pain. The request is for Lyrica 75 mg capsule #60 for left forearm and shoulder. The MTUS guidelines has the following regarding Pregabalin (Lyrica), Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of

diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007, the FDA announced the approval of Pregabalin as the first approved treatment for fibromyalgia. The 04/14/14 report states that the Lyrica is for a trial for the upper extremity's neuropathic pain. Therefore, the request is medically necessary.