

<b>Case Number:</b>	CM14-0189841		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 61 year old female with an injury date of 03/13/03. Based on the progress report dated 10/08/14, the patient complains of right shoulder pain rated at 4/10. The report states, "Her range of motion is improved and her shoulder pain doesn't prevent her from performing essential daily tasks." Physical examination reveals tenderness along the glenohumeral joint and right trapezius. There is pain with external rotation and flexion, and Apprehension test is positive. Medications, as per progress report dated 10/28/14, include OxyContin, Albuterol, Calcium, Vitamin D, Synthroid, and Oxycodone. The diagnoses on 10/28/14 included cervicalgia; cervicobrachial syndrome (diffuse); and spasm of muscle. The provider is requesting Oxycodone IR 10mg #180, OxyContin CR 40mg #60, and Lidoderm patch 5% #30. The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 05/15/14 - 12/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone IR 10mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124, 92.

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

**Decision rationale:** The request is for Oxycodone IR 10 mg # 180. 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 4 A's (analgesia, 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. In this case, the first prescription of Oxycodone was noted in progress report dated 05/15/14. The patient has received the medication consistently since then. In progress report dated 10/08/14, the provider states that the patient "demonstrates adequate pain control and ability to function and perform household and hygienic ADL's with quality of life on OxyContin CR 40 mg bid #60 and Oxycodone 10 mg q 4-6 hours prn." The provider also states that the patient's "pain is reduced significant following the initiation of opioid therapy resulting in increased function and continuation of this combination of medications is appropriate for long term opioid therapy use." The patient is not suffering from any side effects or aberrant behavior as per the same progress report. Additionally, urine drug screens and CURES/PAR reports are consistent. However, the available progress reports do not discuss a specific change in the pain scale. The provider does not indicate specific improvement in function before and after opioid use. Only general terminologies are used. To determine significant improvement, specific measures of activities of daily living (ADLs) must be provided in the self-care, ADL's, social/recreational areas and in terms of work status. No validated instruments are used either, as recommended per MTUS. Therefore, this request is not medically necessary.

**OxyContin CR 40mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124, 92.

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

**Decision rationale:** The request is for OxyContin CR 40 mg # 60. 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 4 A's (analgesia, 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. In this case, the first prescription of OxyContin was noted in progress report dated 05/15/14. The patient has received the medication consistently since then. In progress report dated 10/08/14, the provider states that the patient "demonstrates adequate pain control and ability to function and perform household and hygienic ADL's with quality of life on OxyContin CR 40 mg bid #60 and Oxycodone 10 mg q 4-6 hours prn." The provider also states that the patient's "pain is reduced significant following the initiation of opioid therapy resulting in increased function and continuation of this combination of medications is appropriate for long

term opioid therapy use." The patient is not suffering from any side effects or aberrant behavior as per the same progress report. Additionally, urine drug screens and CURES/PAR reports are consistent. However, the available progress reports do not discuss a specific change in the pain scale. The provider does not indicate specific improvement in function before and after opioid use. Only general terminologies are used. To determine significant improvement, specific measures of activities of daily living (ADLs) must be provided in the self-care, ADL's, social/recreational areas and in terms of work status. No validated instruments are used either, as recommended per MTUS. Therefore, this request is not medically necessary.

**Lidoderm Patch 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter, Lidoderm (Lidocaine patch)

**Decision rationale:** The patient complains of right shoulder pain rated at 4/10 along with improved range of motion, as per progress report dated 10/08/14. The request is for Lidoderm patch 5% #30. MTUS guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading Official Disability Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." Official Disability Guidelines further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the first prescription for the Lidoderm patch was noted on 04/17/14. Another progress report dated 05/15/14 also indicates a prescription for the patch. However, subsequent progress reports do not discuss Lidoderm patch. In progress report dated 10/08/14, the provider states that the patient "needs more of the patches, she uses one on her neck and right shoulder at night which helps decrease her muscle tension so she can sleep." However, the provider does not discuss outcome documenting pain and function as required by the Official Disability Guidelines. Additionally, there is no evidence neuropathic pain that is peripheral and localized. Therefore, this request is not medically necessary.