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| Case Number: | CM14-0027257 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 02/19/2006 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 02/05/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Family Practice, and is licensed to practice in New Jersey. 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 worker is a 49 year old male who was injured on 2/19/2006. He was diagnosed with cervical disc displacement with radiculopathy, neck pain, and shoulder pain. He was treated with medications, including opioids and topical analgesics. He was also treated with epidural injection, physical therapy, and surgery (left shoulder). On 1/20/14, the worker was seen by his physician's assistant for a follow-up on his neck, bilateral shoulder, and left upper extremity pain, which was persistent. He was also requesting an epidural injection of his cervical spine as it was recommended to him by another provider. He reported his neck pain radiates to his left arm and hand/fingers as well as his right hand/fingers with weakness. He reported using Lidoderm, Flector patch, Oxycodone, and Norco. Physical findings included limited range of motion of the cervical spine, normal motor strength and sensation of both the upper extremities, reduced left brachial reflex, and positive Spurling's test on the left. He was then recommended to engage in a home exercise program and have a second cervical epidural injection. A request for a renewal of his medications was made soon afterwards.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3 percent film, extended release: 1 patch once a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, it was not clear from the notes available for review as to which body area the Flector patches were being used. If it was for his neck pain or shoulder pain, these are not recommended areas for treatment with topical NSAIDs due to lack of evidence. Also, there was no clear reason found in the notes available for review to explain why oral NSAID were not recommended. No evidence of functional benefit from the use of Flector patch was included in the documentation. Also, there was no number of patches included in the request. Therefore, considering the above, the Flector patches are not medically necessary to continue.

Norco 325/10 mg tablet: 1 tab 1-2 xs per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was insufficient evidence to show that this entire

review was being completed periodically to match the worker's Norco and Oxycodone use. In particular, there was a lack of documented evidence for functional benefit with Norco or Oxycodone use in order to warrant continuation of each of them. Also, the calculated oral morphine equivalents for this worker reaches 140 mg, if the Norco and Oxycodone was used as prescribed. Also, there was an incomplete request for both Norco and Oxycodone (no number of pills for each medication). Therefore, considering the above, the Norco and Oxycodone will be considered medically unnecessary.

Lidoderm 5 percent film: 1 patch a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 56-57; 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was some evidence for neuropathic pain, but also evidence against this (normal sensation and strength). Also, there was no evidence provided in the notes which suggested the worker tried and failed first-line therapies for neuropathic pain. Also, there was insufficient reporting of Lidoderm and its effects on the worker's function. Also, the request was incomplete (no number of patches). Therefore, considering the above, the Lidoderm patches will be considered medically unnecessary.

Oxycodone 40 mg tablet, extended release: 1 tab 1-2 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Also, the MTUS Chronic Pain Guidelines recommend that

dosing of opioids not exceed 120 mg of oral morphine equivalents per day, and only with a pain specialist would exceeding this amount be considered. Continuation of opioids may be recommended when the patient has returned to work and/or if the patient has improved function and pain. In the case of this worker, there was insufficient evidence to show that this entire review was being completed periodically to match the worker's Norco and Oxycodone use. In particular, there was a lack of documented evidence for functional benefit with Norco or Oxycodone use in order to warrant continuation of each of them. Also, the calculated oral morphine equivalents for this worker reaches 140 mg, if the Norco and Oxycodone was used as prescribed. Also, there was an incomplete request for both Norco and Oxycodone (no number of pills for each medication). Therefore, considering the above, the Norco and Oxycodone will be considered medically unnecessary.