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| <b>Case Number:</b>   | CM15-0103920 |                              |            |
| <b>Date Assigned:</b> | 06/10/2015   | <b>Date of Injury:</b>       | 08/09/2006 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 04/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41-year-old female who sustained an industrial injury on 08/09/2006. Treatment provided to date has included physical therapy, injections, medications, pain pump placement (02/13/2014), spinal cord stimulator, psychiatric therapy, and conservative therapies/care. Diagnostic tests performed include x-rays and MRIs. Other noted dates of injury documented in the medical record include 04/2013. There were no noted comorbidities. On 04/15/2015, physician progress report noted complaints of bilateral arm pain. Pain is rated as 10 (0-10) and described as constant, sharp, dull and aching pain in the bilateral arms with numbness and tingling in the bilateral fingers and wrist. Pain is reduced to 6/10 with stimulation and medications. It was reported that activities of daily living were difficult for this injured worker due to pain. It was also noted that the injured worker's medications were not approved and filed in a timely manner, thus causing increased pain. Additional complaints include radiating pain into the bilateral upper extremities and depression. Current medications include Opana, Neurontin, Norco and Lidoderm patches. The physical exam revealed tenderness to palpation of the cervical paraspinals, limited range of motion in the right upper extremity due to RSD on the right, hypoesthesia of the right upper limb with pain with movement, and sensory hypoesthesia to the right upper limb. The provider noted diagnoses of right upper limb complex regional pain syndrome, left upper limb carpal tunnel release and spinal cord stimulator. Plan of care includes continued medications (including oxycodone HCL ER, Lidocaine, and hydrocodone/acetaminophen) and follow-up. The injured worker's work status temporarily

totally disabled. Requested treatments include oxymorphone HCL ER, Lidocaine, and hydrocodone/acetaminophen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Oxymorphone HCL ER 10mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints,(2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for upper extremity pain including a diagnosis of right CRPS. When seen, she had run out of medications in pain was rated at 10/10. Physical examination findings included limited right upper extremity range of motion with abnormal right upper extremity sensation. The assessment references a combination of medications and use of a spinal cord stimulator as decreasing pain from 10/10 to 6/10. Opana ER and Norco were prescribed and a total MED (morphine equivalent dose) of 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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. Opana ER is a sustained release formulation and would be used to treat baseline pain, which is present in this case. The requested dosing was within guideline recommendations and when previously prescribed had provided pain relief. In this case, there are no identified issues of abuse or addiction. Therefore, the prescribing of Opana ER was medically necessary.

#### **Lidocaine 5% 700mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lidoderm (Lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for upper extremity pain including a diagnosis of right CRPS. When seen, she had run out of medications in pain was rated at 10/10. Physical examination findings included limited right upper extremity range of motion with abnormal right upper extremity sensation. The assessment references a combination of medications and use of a spinal cord stimulator as decreasing pain from 10/10 to 6/10. Opana ER and Norco were prescribed and a total MED (morphine equivalent dose) of 100 mg per day. In terms of topical treatments, topical lidocaine in a formulation that

does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.

**Hydrocodone/Acetaminophen 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints,(2) Opioids, criteria for use, (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in August 2006 and continues to be treated for upper extremity pain including a diagnosis of right CRPS. When seen, she had run out of medications in pain was rated at 10/10. Physical examination findings included limited right upper extremity range of motion with abnormal right upper extremity sensation. The assessment references a combination of medications and use of a spinal cord stimulator as decreasing pain from 10/10 to 6/10. Opana ER and Norco were prescribed and a total MED (morphine equivalent dose) of 100 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control. The total MED (morphine equivalent dose) was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Norco was medically necessary.