

Case Number:	CM15-0130056		
Date Assigned:	07/16/2015	Date of Injury:	07/16/2009
Decision Date:	09/25/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who sustained an industrial injury on 7/16/09. The injured worker was diagnosed as having status post open injury left small finger status post 3 reconstructive surgeries, cervical degenerative disc disease and spondylosis C5-7 and cervical radicular symptoms. Currently, the injured worker was with complaints of pain in the neck, left scapula, bilateral arms, and bilateral legs. Previous treatments included status post left small finger reconstructive surgery and oral pain medication. Previous diagnostic studies included nerve conduction velocity study (2011) and radiographic studies. The injured work status was noted as temporary total disability. The injured workers pain level was noted as 8/10 in the 5/12/15 progress note. Physical examination was notable for tenderness to palpation to the cervical spine, flexion contracture of the left small finger, gait normal. The plan of care was for Norco 10/325 milligrams, ninety count, Lidocaine Patches, thirty count and Lunesta 1 milligram, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 60-year-old patient complains of pain in neck and left scapulae that radiates down the left shoulder and left upper extremity, and pain in bilateral legs, as per progress report dated 05/28/15. The request is for NORCO 10/325 mg, NINETY COUNT. There is no RFA for this case, and the patient's date of injury is 07/16/09. Diagnoses, as per progress report dated 05/28/15, included cervical degenerative disc disease and spondylosis of C5-C7, cervical radicular symptoms which began after NCS, and numbness in left small finger. The patient is status post open injury and 3 reconstructive surgeries of the left small finger. Medications included Oxycodone, Norco and Lunesta. The patient is on temporary disability since 2009, as per progress report dated 05/12/15. 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 4As (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. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 11/11/14. It is not clear when this medication was first prescribed. As per progress report dated 04/27/15, Norco helps the patient "walk about 5 blocks. Pt states that she can only walk about 2 and half blocks without Norco. Patient states with Norco she can sit about 4 hours, without Norco she can sit about 2 hours. Pt states Norco makes getting dressed and showering easier than compared to without the Norco." In the same report, the treater states that the patient's pain is rated at 9/10 and that "medications are helpful." The reports, however, do not document the actual impact of Norco on pain, as indicated by a change in validated pain scale. Additionally, No UDS or CURES reports are available for review. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.

Lidocaine Patches, thirty count: Upheld

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

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

Decision rationale: The 60 year old patient complains of pain in neck and left scapulae that radiates down the left shoulder and left upper extremity, and pain in bilateral legs, as per progress report dated 05/28/15. The request is for LIDOCAINE PATCHES, THIRTY COUNT. There is no RFA for this case, and the patient's date of injury is 07/16/09. Diagnoses, as per progress report dated 05/28/15, included cervical degenerative disc disease and spondylosis of C5-C7, cervical radicular symptoms which began after NCS, and numbness in left small finger.

The patient is status post open injury and 3 reconstructive surgeries of the left small finger. Medications included Oxycodone, Norco and Lunesta. The patient is on temporary disability since 2009, as per progress report dated 05/12/15. MTUS guidelines page 57, Lidoderm (Lidocaine patch) section 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 ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Terocin patch is only noted in progress report dated 04/27/15. None of the progress reports documents the efficacy of the patch and this appears to be the first prescription for the medication. The treater does not explain the purpose of Terocin in this patient. MTUS only recommends lidocaine patches in patients in localized peripheral neuropathic pain and there is no such diagnoses in this case. Hence, the request IS NOT medically necessary.

Lunesta 1 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: The 60-year-old patient complains of pain in neck and left scapulae that radiates down the left shoulder and left upper extremity, and pain in bilateral legs, as per progress report dated 05/28/15. The request is for LUNESTA 1 mg, THIRTY COUNT. There is no RFA for this case, and the patient's date of injury is 07/16/09. Diagnoses, as per progress report dated 05/28/15, included cervical degenerative disc disease and spondylosis of C5-C7, cervical radicular symptoms that began after NCS and numbness in left small finger. The patient is status post open injury and 3 reconstructive surgeries of the left small finger. Medications included Oxycodone, Norco and Lunesta. The patient is on temporary disability since 2009, as per progress report dated 05/12/15. ODG-TWC, Mental & Stress Chapter under Eszopicolone (Lunesta) states: Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, a prescription for Lunesta is first noted in progress dated 11/11/14, and the patient has been taking the medication consistently since then. It is not clear when the medication was initiated. The patient has been diagnosed with sleep disturbance and anxiety, as per progress report dated 03/25/15. The treater, however, does not document the efficacy of Lunesta and its impact on the patient's symptoms. Additionally, ODG limits the "use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. . . ." Hence, the request IS NOT medically necessary.