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| Case Number: | CM15-0149421 | | |
| Date Assigned: | 08/12/2015 | Date of Injury: | 07/22/2009 |
| Decision Date: | 09/22/2015 | UR Denial Date: | 07/14/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 female, who sustained an industrial injury on 7-22-2009. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having brachial neuritis-radiculitis and reflex sympathy dystrophy of the upper limb. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, TENS (transcutaneous electrical nerve stimulation), surgery and medication management. In a progress note dated 6-30-2015, the injured worker complains of pain in the right shoulder, elbow, wrist and hand rated 4 out of 10 at its best and 8 out of 10 at its worst. Physical examination showed no cyanosis or clubbing of the right upper extremity. The treating physician is requesting Norco 10-325 mg #180, Flexeril 10 mg #60, Lidoderm patches 5% #60 and Nuvigil 150 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (medication refill) Qty: 180 Refills: number not specified: Overturned

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

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 patient was injured on 07/22/09 and presents with shoulder pain, elbow pain, wrist pain, and hand pain. The request is for NORCO 10/325 (MEDICATION REFILL) QTY: 180 REFILLS: NUMBER NOT SPECIFIED. The utilization review denial rationale is that "the physical examination was reported to unremarkable and no objective information to base the use of this medication." The RFA is dated 07/01/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 03/30/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, 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. The 03/30/15 report indicates that the patient rates her pain as a 4/10. The 06/30/15 report states that the patient rates her pain as a 4/10 on average and an 8/10 at its worst. "Medication improves her condition. Patient denies any intolerable side effects. The patient understand to hold opioid medication upon sedation and denies any diversion of medications of aberrant drug taking behaviors. Without medication, patient remains in bed and cries. With medication, can perform shopping, vacuum, improved sleep, and mild exercise in pool." The patient had a urine drug screen on 06/30/15 was detected Hydromorphone and Hydrocodone. It is unclear if both of these medications are prescribed to the patient, as the 06/30/15 report only mentions Norco (Hydrocodone Bitrate and Acetaminophen) as the prescribed medications. In this case, all of the 4 As are addressed as required by MTUS Guidelines. There are medication pain scales provided, examples of ADLs which demonstrate medication efficacy, and no documented adverse behavior/side effects. The treating physician provides adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS medically necessary.

Flexeril 10mg Qty: 60 Refills: number not specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 07/22/09 and presents with shoulder pain, elbow pain, wrist pain, and hand pain. The request is for FLEXERIL 10 MG QTY: 60 REFILLS: NUMBER NOT SPECIFIED. The RFA is dated 07/01/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 03/30/15. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has tenderness to palpation along the lumbar paraspinous area and tenderness to palpation throughout the back. She is diagnosed with brachial neuritis-radiculitis and reflex sympathy dystrophy of the upper limb. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 03/30/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril IS NOT medically necessary.

Lidoderm patch 5% Qty: 60 Refills: number not specified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57.

Decision rationale: The patient was injured on 07/22/09 and presents with shoulder pain, elbow pain, wrist pain, and hand pain. The request is for LIDODERM PATCH 5% QTY: 60 REFILLS: NUMBER NOT SPECIFIED. The RFA is dated 07/01/15 and the patient's current work status is not provided. The patient has been using this patch as early as 03/30/15. MTUS Guidelines, Lidoderm (lidocaine patch), page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient has tenderness to palpation along the lumbar paraspinous area and tenderness to palpation throughout the back. She is diagnosed with brachial neuritis-radiculitis and reflex sympathy dystrophy of the upper limb. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Furthermore, review of the reports provided does not indicate how Lidoderm patches have impacted the patient's pain and function. The requested Lidoderm patch IS NOT medically necessary.

Nuvigil 150mg Qty: 30 Refills: number not specified: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Provigil.

Decision rationale: The patient was injured on 07/22/09 and presents with shoulder pain, elbow pain, wrist pain, and hand pain. The request is for NUVIGIL 150 MG QYT: 30 REFILLS: NUMBER NOT SPECIFIED. The RFA is dated 07/01/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 03/30/15. The ACOEM and MTUS guidelines do not discuss Armodafinil. However, ODG, Pain Chapter, under Provigil have the following regarding Provigil (Modafinil): "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. The patient has tenderness to palpation along the lumbar paraspinal area and tenderness to palpation throughout the back. She is diagnosed with brachial neuritis-radiculitis and reflex sympathetic dystrophy of the upper limb. Although the patient presents with insomnia in the 03/13/15 report, ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and none of these conditions are documented in the progress reports. Therefore, the requested Nuvigil IS NOT medically necessary.