

Case Number:	CM15-0163854		
Date Assigned:	09/01/2015	Date of Injury:	07/16/2009
Decision Date:	10/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Hawaii, California, Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48-year-old female, who sustained an industrial injury on 7/16/2009. A review of the medical records indicate the patient undergoing treatment for cervical pain, disc disorder, shoulder pain, wrist pain, carpal tunnel, and radial styloid tenosynovitis. Treatment note dated 10/30/2014 rated her bilateral shoulder pain at 5/10 with and 10/10 without medications. On 1/15/2015, patient rates pain at 7/1 with and 10/10 without medications. In a progress note dated 7/9/2015, the bilateral shoulder pain rated 8/10 with and 10/10 without medications. Physical examination showed decreased cervical and right shoulder range of motion and bilateral shoulder weakness. Treatment has included Neurontin/Gabapentin (treatment notes dated 7/17/2014 - 7/9/2015), Norco and Fentanyl (since at least 7/17/2014), and Temazepam (since at least 10/30/2014), and Lidoderm 5% patch (since at least 7/17/2014), Embeda (since at least 7/9/2015), and Paxil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Embeda 30-1.2mg: 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), Pain (Chronic), Embeda (Morphine/Naltrexone).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Embeda® (morphine /naltrexone). <http://www.odg-twc.com/index.html>.

Decision rationale: Embeda is a brand name version of Morphine/Naltrexone. The CA MTUS Guidelines do not specifically mention Embeda, so other guidelines were utilized. According to ODG guidelines, Embeda is recommended as an option for patients who are at risk for abuse of opioids by altering recommended oral use. There is no report of drug addiction or abuse except for some alcohol issues in this patient. Urine drug screening was negative from 7/2015. There is no mention of using the tamper resistant feature of this medication. According to progress note of August 2015, the patient reported a modest improvement of pain from 10/10 to 8/10 despite the use of narcotics. However, the overall pain of the patient over the last year has increased. The patient was reported to have poor quality of sleep. She was reported to have a drop in the activity of daily living and outside activity. Overall, there is a limited response to prior use long acting opioids, with no evidence of opioids tolerance or abuse. As such, the request is not medically necessary.

Temazepam 15mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam.

Decision rationale: Temazepam is a benzodiazepine. The CA MTUS Guidelines states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, Temazepam was used continuously at least since 2014. There is no documentation of efficacy of previous use of the drug. Although the provider stated in the note of July 9 2015 that Temazepam helped the patient falling asleep, the subsequent note of August 2015 stated that the patient have a poor sleep. This documentation suggested that there is not overall significant functional improvement with previous use of the drug. As such, the request is not medically necessary.

Lidoderm 5% patch (700mg/Patch) #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics and Other Medical Treatment Guidelines UpToDate.com, Lidocaine (topical).

Decision rationale: Lidoderm is a brand name version of a lidocaine patch. The CA MTUS Guidelines states that 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical records do indicate ongoing treatment with gabapentin. The ODG further details criteria for use of Lidoderm patches: (a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). (c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. (d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale. (e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period. (h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued. (i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. In this case, the treating physician notes that Lidoderm path is for neuropathic pain relief; however, the medical records reviewed do not detail evidence of localized pain consistent with neuropathic etiology. Records indicate that treatment Gabapentin has been tried and is ongoing. There is no evidence that the patch would be used for the purposes of osteoarthritis or myofascial pain/trigger points. The treatment notes describe medication usage as "Apply for 12 hours per day as needed", but does not clearly describe what area(s) the patch is intended. The patient has been prescribed Lidoderm since at least 7/17/2014. The patient has been consistently prescribed Lidoderm since at least 7/17/2014. While there is patient reported improvement in pain (30%), there is no documented improvement in function or use of other medication. Several criteria have not been met. The treating physician does not detail extenuating circumstances to warrant deviation from guidelines. As such, the request is not medically necessary.