

<b>Case Number:</b>	CM15-0167959		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/25/2006
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 69 year old female, who sustained an industrial injury on 10-25-06. The mechanism of injury is not indicated. The injured worker was diagnosed as having pain in joint involving lower leg, pain in shoulder joint, chronic pain syndrome and myalgia and myositis. Treatment to date has included oral and topical medications listed as "same". Currently on 8-13-15, the injured worker complains of left knee and right shoulder pain. She notes her pain is relieved 70% with medications and she also reports she is not receiving her medications. Work status is noted to be permanent and stationary. Physical exam performed on 8-13-15 revealed tenderness over right shoulder and limited range of motion of bilateral upper extremities due to pain. A request for authorization was submitted for Lidoderm, OxyContin and Percocet on 8-13-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine topical 5% qty: 90:** 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): Topical Analgesics.

**Decision rationale:** The current request is for Lidocaine topical 5% qty: 90. The RFA is dated 08/13/15. Treatment history includes shoulder surgery on 10/19/11, medications, and physical therapy. Work status is noted to be permanent and stationary. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 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)." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 08/13/15, the patient present with chronic left knee and right shoulder pain. Current diagnoses include pain in joint involving lower leg, pain in shoulder joint, chronic pain syndrome and myalgia and myositis. Examination revealed tenderness over the shoulder, and limited ROM of the BUE. The patient reports that medications provide 70% pain relief. She is able to take care of herself, exercise, and socialize with increased productivity. It was noted that the patient is compliant, follows up with UDS, and has an opiate agreement on file. The patient is taking 3 Percocet and 3-4 Oxycontin per day, and utilizing Lidocaine patches. The patient has been prescribed Lidocaine patches since at least 11/15/14. Although the treater has provided discussions regarding the efficacy of Lidoderm patches, in terms of pain relief, there is no discussion as to where the patch is to be applied and no indication of localized peripheral neuropathic pain. This patient does not meet the criteria for the use of this medication. Therefore, this request is not medically necessary.

**Oxycontin 20mg qty: 90:** 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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The current request is for Oxycontin 20mg qty: 90. The RFA is dated 08/13/15. Treatment history includes L4-5 laminectomy and decompression in 2006, shoulder surgery on 10/19/11, medications, and physical therapy. Work status is noted to be permanent and stationary. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/13/15, the patient present with chronic left knee and right shoulder pain. Current diagnoses include pain in joint involving lower leg, pain in shoulder joint, chronic pain syndrome and myalgia and myositis. Examination revealed tenderness over the shoulder, and limited ROM of the BUE. The patient reports that medications provide 70% pain relief. She is able to take care of herself, exercise, and socialize with increased productivity. It was noted that the patient is compliant, follows up with UDS, and has an opiate agreement on file. The patient is taking 3 Percocet and 3-4 Oxycontin per day. Although the treater has provided some

documentation of medication efficacy, there are no specific validated functional measures to truly document significant functional improvement. MTUS guideline requires activity-specific improvements, which has not been addressed. Therefore, continuation of this medication cannot be substantiated and the patient should be weaned. This request is not medically necessary.

**Percocet 10/325mg qty: 120:** 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): Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** The current request is for Percocet 10/325mg qty: 120. The RFA is dated 08/13/15. Treatment history include shoulder surgery on 10/19/11, medications, and physical therapy. Work status is noted to be permanent and stationary. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/13/15, the patient present with chronic left knee and right shoulder pain. Current diagnoses include pain in joint involving lower leg, pain in shoulder joint, chronic pain syndrome and myalgia and myositis. Examination revealed tenderness over the shoulder, and limited ROM of the BUE. The patient reports that medications provide 70% pain relief. She is able to take care of herself, exercise, and socialize with increased productivity. It was noted that the patient is compliant, follows up with UDS, and has an opiate agreement on file. The patient is taking 3 Percocet and 3-4 Oxycontin per day. Although the treater has provided some documentation of medication efficacy, there are no specific validated functional measures to truly document significant functional improvement. MTUS guideline requires activity-specific improvements, which has not been addressed. Therefore, continuation of this medication cannot be substantiated and the patient should be weaned. This request is not medically necessary.