

Case Number:	CM15-0169708		
Date Assigned:	09/10/2015	Date of Injury:	12/26/2011
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 53-year-old female who sustained an industrial injury on 12-26-2011. Current diagnoses include acute on chronic neck pain, status post cervical spine anterior A-lift procedure, decompression and fusion, radiculitis-resolving, rule-out carpal tunnel syndrome bilateral upper extremities, and depression. Report dated 07-29-2015 noted that the injured worker presented with complaints that included acute or chronic pain with spasms in her neck, and difficulty lifting. Physical examination was positive for limited cervical range of motion, tenderness in the paracervical muscles and positive muscle spasm, diminished sensation, positive Tinel's, Phalen's, and median nerve compression in the left and right wrist. Previous diagnostic studies included a cervical spine MRI and urine toxicology screening. Previous treatments included medications, surgical intervention, physical therapy, acupuncture, ergonomic evaluation, and home exercise. The treatment plan included request for EMG and nerve conduction studies, dispensed cyclobenzaprine, follow up in one month, and the patient is indicated for a functional capacity evaluation. Currently the injured worker can work four days per week, full duty. The injured worker has been prescribed Lidoderm patches and oxycodone since at least 01-27-2015. The utilization review dated 08-03-2015, modified the request for oxycodone 10mg, #150 to oxycodone 10mg, #126 and non-certified the request for Lidoderm patch 5% based on the following rationale. Oxycodone was modified due to "available clinical information does not document improvement in function or maintenance of function. In addition, there is no documentation of close monitoring including a pain contract and prescriber data base search." Lidoderm patch was denied due to "no current documentation of failed first-line therapy of antidepressants and anticonvulsants. There is no current documentation of

failed first-line therapy or documented functional improvement from the previous use of this topical agent. Furthermore the quantity requested is not documented."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #150: 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): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. The Oxycodone 10mg #150 is not medically necessary and appropriate.

Lidoderm patch 5% (quantity unspecified): 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 rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated

for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidoderm patch 5% (quantity unspecified) is not medically necessary and appropriate.