

Case Number:	CM15-0188840		
Date Assigned:	09/30/2015	Date of Injury:	02/22/2010
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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 2-22-2010. A review of medical records indicates the injured worker is being treated for complex regional pain syndrome upper limb, esthesopathy of elbow region, and shoulder joint pain. Medical records dated 8-18-2015 noted hypersensitivity in the left shoulder and upper chest, along with similar symptoms over the right shoulder and right lateral elbow. There was numbness and tingling at the right 4th and 5th fingers. Medications provide functional gains by substantially assisting her activities of daily living mobility, and restore sleep. Medications reduce her 8-9 out of 10 pain by 30%. Pain was the same at the last visit. Physical examination noted there was tenderness of the supraspinatus and the infraspinatus. There was limited range of motion to the trochanter. Treatment has included Lidoderm, Hydrocodone, and Zolpidem since at least 4-15-2015. Utilization review form noncertified Hydrocodone, Zolpidem, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, apply 1 patch every day by transdermal route QTY: 30: Overturned

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), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter under Lidoderm (Lidocaine patch).

Decision rationale: The current request is for lidoderm 5% patch, apply 1 patch every day by transdermal route qty: 30. Treatment has included sympathetic ganglion blocks, medications, physical therapy, psychotherapy, and right shoulder surgery (2011 and 2012). The patient is not working. MTUS Guidelines pages 56 and 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, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, Pain (Chronic) chapter regarding 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. Per report 08/18/15, the patient presents with complex regional pain syndrome upper limb, esthesopathy of elbow region, and shoulder joint pain. There was report of numbness and tingling at the right 4th and 5th fingers. The patient reported that medications provide functional gains by substantially assisting her activities of daily living, mobility, and restore sleep. Medications reduce her pain by 30%. The patient has no side effects with medications, UDS have been consistent and an updated pain agreement was signed on 06/30/15. The patient has been prescribed this medication since 03/19/15. In this case, the patient presents with localized peripheral neuropathic pain for which Lidoderm patches are indicated for. The treater has provided documentation that medications provide 30% decrease in pain with functional gains. This patient meets the criteria for further use of this medication. Therefore, this request is medically necessary.

Hydrocodone 5mg-Acetaminophen 325mg, 1 tablet every day by oral route 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, Opioids for chronic pain.

Decision rationale: The current request is for Hydrocodone 5mg-acetaminophen 325mg, 1 tablet every day by oral route qty: 90. Treatment has included sympathetic ganglion blocks, medications, physical therapy, psychotherapy, and right shoulder surgery (2011 and 2012). The patient is not working. 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per report 08/18/15, the patient presents with complex regional pain syndrome upper limb, esthesopathy of elbow region, and shoulder joint pain. There was report of numbness and tingling at the right 4th and 5th fingers. The patient reported that medications provide functional gains by substantially assisting her activities of daily living, mobility, and restore sleep. Medications reduce her pain by 30%. The patient has no side effects with medications, UDS have been consistent and an updated pain agreement was signed on 06/30/15. The patient has been prescribed this medication since 03/19/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss activity-specific functional improvements, changes in ADL's or change in work status to document significant functional improvement. Without more specific functional improvements, the continuation of Norco cannot be supported and this patient should be weaned per MTUS. The request IS NOT medically necessary.

Zolpidem 10mg, 1 tablet every day by oral route at bedtime QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Zolpidem (Ambien).

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 Zolpidem (Ambien).

Decision rationale: The current request is for Zolpidem 10mg, 1 tablet every day by oral route at bedtime qty: 30. Treatment has included sympathetic ganglion blocks, medications, physical therapy, psychotherapy, and right shoulder surgery (2011 and 2012). The patient is not working. Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien) Section states: Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term 7-10 days treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Per report 08/18/15, the patient presents with complex regional pain syndrome upper limb, esthesopathy of elbow region, and shoulder joint pain. There was report of numbness and tingling at the right 4th and 5th fingers. The patient reported that medications provide functional gains by substantially assisting her activities of daily living, mobility, and restore sleep. Medications reduce her pain by 30%. The patient has been prescribed Ambien since 03/19/15. While this patient presents with

chronic pain and insomnia, ODG guidelines do not support the use of this medication for longer than 7-10 days. The requested #30, in addition to prior use, does not imply the intent to utilize this medication short-term. Therefore, the request IS NOT medically necessary.