

Case Number:	CM15-0205891		
Date Assigned:	10/22/2015	Date of Injury:	07/12/2006
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 65-year-old female, who sustained an industrial injury on 7-12-06. The injured worker was being treated for cervical facet syndrome, cervical spondylosis, carpal tunnel syndrome, ulnar neuropathy, shoulder pain and spasm of muscle. On 8-12-15, the injured worker complains of neck and right shoulder pain rated 9 out of 10 with medications and 10 out of 10 with medications. She notes her activity level has decreased. Physical exam performed on 8-12-15 revealed scar of cervical spine, restricted range of motion of cervical spine, mild tenderness at paracervical muscles, right trapezius and spasm, tenderness and tight muscle band of paravertebral muscles; and exam of right shoulder revealed restricted range of motion, tenderness in biceps groove, glenohumeral joint and supraspinatus-infraspinatus and a surgical scar. Treatment to date has included oral medications including Gabapentin 300mg, Ibuprofen 600mg and Percocet 5-325mg (since at least 5-20-15) (which has provided decreased pain and allowed her to perform simple tasks that she was unable to previously do) and topical Lidoderm 5% patch, Voltaren 1% gel and Lidocaine 5% ointment; facet block injection, carpal tunnel release, rotator cuff repair, psychotherapy, TENS unit and radiofrequency procedure. The treatment plan included continuation of TENS unit and Percocet 5-325mg. On 8-12-15 a request for authorization was submitted for Lidoderm 5% patch #60, Ibuprofen 600mg #30, Gabapentin 300mg #120 and Percocet 5-325mg #30. On 9-16-15 request for Percocet 5-325mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch (700mg/patch) #60 (prescribed 9/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of ulnar neuropathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Voltaren 1% gel #100mg/tube (prescribed 9/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Voltaren gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of carpal tunnel syndrome. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.

Percocet 5/325mg #30 (prescribed 9/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.