

Case Number:	CM15-0206780		
Date Assigned:	10/26/2015	Date of Injury:	03/17/2003
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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:

This is a 65-year-old female with a date of injury of March 17, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain, cervical post laminectomy syndrome, shoulder joint pain, carpal tunnel syndrome, and unspecified major depression. Medical records (June 24, 2015; July 20, 2015; August 12, 2015; September 9, 2015) indicate that the injured worker complained of neck pain with radiation to the upper extremities, numbness and tingling in the bilateral arms down to the hands, and right shoulder pain with popping. Records also indicate that Opana reduces the pain from 9 to 10 out of 10 to 6 out of 10. Per the treating physician (September 9, 2015), the employee was permanently disabled. The physical exam (July 20, 2015; August 12, 2015; September 9, 2015) reveals an antalgic gait, mild to moderate edema in the bilateral lower extremities, decreased strength of the bilateral upper extremities, decreased range of motion of the bilateral shoulders, and tenderness of the carpometacarpal joints bilaterally. Treatment has included several cervical spine surgeries, two left shoulder surgeries, multiple hand surgeries, and medications (Lidoderm patches and Opana since at least April of 2015; Pristiq, Ketamine cream, Neurontin). The treating physician documented that the urine drug screen dated June 24, 2015 showed no inconsistencies. The utilization review (September 23, 2015) non-certified a request for Lidoderm patches 5% #60 and Opana 30mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Lidoderm 5%, patch #60: Upheld

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

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

Decision rationale: The requested Prospective Lidoderm 5%, patch #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has neck pain with radiation to the upper extremities, numbness and tingling in the bilateral arms down to the hands, and right shoulder pain with popping. Records also indicate that Opana reduces the pain from 9 to 10 out of 10 to 6 out of 10. Per the treating physician (September 9, 2015), the employee was permanently disabled. The physical exam (July 20, 2015; August 12, 2015; September 9, 2015) reveals an antalgic gait, mild to moderate edema in the bilateral lower extremities, decreased strength of the bilateral upper extremities, decreased range of motion of the bilateral shoulders, and tenderness of the carpometacarpal joints bilaterally. Treatment has included several cervical spine surgeries, two left shoulder surgeries, multiple hand surgeries, and medications (Lidoderm patches and Opana since at least April of 2015; Pristiq, Ketamine cream, Neurontin). The treating physician documented that the urine drug screen dated June 24, 2015 showed no inconsistencies. The treating physician has not documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Prospective Lidoderm 5%, patch #60 is not medically necessary.

Prospective Opana ER 30mg, #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): Opioids for chronic pain.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain with radiation to the upper extremities, numbness and tingling in the bilateral arms down to the hands, and right shoulder pain with popping. Records also indicate that Opana reduces the pain from 9 to 10 out of 10 to 6 out of 10. Per the treating physician (September 9, 2015), the employee was permanently disabled. The physical exam (July 20,

2015; August 12, 2015; September 9, 2015) reveals an antalgic gait, mild to moderate edema in the bilateral lower extremities, decreased strength of the bilateral upper extremities, decreased range of motion of the bilateral shoulders, and tenderness of the carpometacarpal joints bilaterally. Treatment has included several cervical spine surgeries, two left shoulder surgeries, multiple hand surgeries, and medications (Lidoderm patches and Opana since at least April of 2015; Pristiq, Ketamine cream, Neurontin). The treating physician documented that the urine drug screen dated June 24, 2015 showed no inconsistencies. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, Prospective Opana ER 30mg, #90 is not medically necessary.