

<b>Case Number:</b>	CM15-0209655		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 28-year-old who has filed a claim for chronic upper extremity pain and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of September 16, 2013. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for oxycodone and Neurontin. Partial approvals were issued. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 26, 2015, it was acknowledged that the applicant was on Percocet for pain relief. The applicant was pending an implantation of a spinal cord stimulator, it was reported. The applicant was status post earlier left first dorsal compartment release surgery, it was reported. The applicant had apparently developed issues with postoperative complex regional pain syndrome, the treating provider reported. On May 18, 2015, the applicant was again placed off of work, on total temporary disability. Xanax was endorsed. The applicant exhibited a mildly antalgic gait, the treating provider reported. On June 10, 2015, the applicant discontinued OxyContin and continued Percocet at a rate of 10 mg 8 times daily. The applicant was also using Lidoderm patches as of this point in time, it was reported. On August 31, 2015, the applicant reported ongoing complaints of wrist and knee pain. Diminished motor strength was noted. Xanax was renewed. The applicant was again placed off of work, on total temporary disability. The applicant's complete medication list was not reported. No seeming discussion of medication efficacy transpired. On August 10, 2015, the applicant was described as using Percocet at a rate of 8 tablets daily, despite usage of the spinal cord stimulator. The applicant was reportedly using Percocet, Lyrica, tizanidine, and trazodone, the treating provider reported on this date. The note

was somewhat difficulty to follow and mingled historical issues with current issues. The applicant noted that her pain complaints were constant and limited her ability to work, perform household chores, do yard work, participate in recreational activities, exercise and/or drive, it was reported. On October 16, 2015, the applicant reported having gained weight secondary to pain complaints. 8/10 pain complaints were noted. The applicant was reportedly on oxycodone, Neurontin and Lidoderm patches, the treating provider reported. The applicant was using Xanax from another prescriber, it was reported. The applicant apparently wished to try Dilaudid, however. The note was very difficult to follow, was some 6 pages long, and mingled historical issues with current issues. Towards the bottom of the note, oxycodone and Neurontin were reportedly discontinued while Topamax, Dilaudid, and Lidoderm patches were endorsed. On a September 2, 2015 office visit, it was stated that the applicant was using 7 to 8 Percocet's daily. The applicant reported difficulty managing her medications. The applicant developed issues with anxiety and weight gain, it was reported. The applicant's work status was not discussed. Oxycodone, Lidoderm and Neurontin were all seemingly endorsed. The attending provider seemingly suggested that the applicant was using 7 to 8 Percocet's daily in one section of the note. It was suggested that oxycodone was being employed to replace previously prescribed Percocet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**240 tablets of Oxycodone 10mg, 2 refills: 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.

**Decision rationale:** No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The attending provider's documentation, while at times difficult to follow, did seemingly suggest that the applicant was using Percocet prior to the September 17, 2015 office visit at issue. The attending provider suggested on September 17, 2015 that the applicant would try oxycodone to replace previously prescribed Percocet (oxycodone-acetaminophen) seemingly on the grounds that the attending provider expressed some concerns over the applicant's possibly developing hepatotoxicity with Percocet (oxycodone-acetaminophen). The request, thus, effectively represented a renewal or extension request for oxycodone. However, the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on multiple office visits, referenced above, despite ongoing usage of Percocet (oxycodone-acetaminophen) and/or oxycodone itself. An August 10, 2015 office visit stated that the applicant had difficulty performing household chores, doing yard work, participating in recreational activities, exercising and/or driving, despite ongoing usage of the same. Therefore, the request is not medically necessary.

**30 tablets of Neurontin 300mg, 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Conversely, the request for Neurontin (gabapentin) was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for same. The applicant was apparently not using Neurontin (gabapentin) on an earlier note dated August 10, 2015. The attending provider stated on September 2, 2015 that Neurontin (gabapentin) was being introduced on a trial basis, to address the applicant's neuropathic pain complaints associated with complex regional pain syndrome. Page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin (Neurontin) does represent a first-line treatment for neuropathic pain, as was seemingly present here in the form of the applicant's upper extremity paresthesias associated with CRPS. Therefore, the first-time request for Neurontin is medically necessary.

**10 Lidoderm patches 5% with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** Finally, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. The request for Lidoderm patches represents a renewal or extension request for the same. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with anti-depressants and/or anti-convulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing usage of Lidoderm patches. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on a variety of opioid agents to include oxycodone, Percocet, Dilaudid, etc. The applicant reported difficulty performing activities as gripping, grasping, lifting, socializing, working, doing yard work, household chores, etc., it was reported on multiple office visits including on August 10, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches at issues. Therefore, the request is not medically necessary.

