

Case Number:	CM15-0218562		
Date Assigned:	11/10/2015	Date of Injury:	04/30/2012
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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 injured worker is a 55 year old female with an industrial injury date of 04-30-2012. Medical record review indicates she is being treated for brachial neuritis-radiculitis, degeneration of cervical intervertebral disc, carpal and cubital tunnel syndrome, cervicalgia, myalgia and myositis, symptoms of depression, dysesthesia, muscle spasm and cervical facet joint pain. Subjective complaints (10-09-2015) included back pain. She reported acupuncture treatment was not helping and she only went to three sessions. She describes her pain level as 5- 6 out of 10 with medications and 7 out of 10 without medications. She reported that the benefit of chronic pain medication maintenance regimen, activity restriction and rest continued to keep pain within a manageable level to allow her to complete necessary activities of daily living. The treating physician documented the injured worker was unable to work due to her pain in her arms. Current medications included Lidoderm, Oxycodone and Cymbalta. Medical record review indicates the injured worker has been using Oxycodone and Lidoderm since 04-06- 2015. Prior medications included Methadone, anti-depressant medications. Prior treatments included cervical epidural steroid injections, trigger point injections, physical therapy, acupuncture and medications. Objective findings (10-09-2015) included tenderness and tightness of cervical region with restricted range of motion. There was tenderness and spasm on palpation of bilateral thoracic paraspinal muscles and ligaments with trigger points. On 10-20-2015 the request for Lidocaine Patch 5% # 60 and Oxycodone 10 mg # 100 were 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:

Lidocaine patch 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. In this case, the injured worker is noted to have failed with first-line agents. Lidocaine patches have been utilized for an extended period of time without specific examples of continued functional improvement. The request for Lidocaine patch 5% #60 is not medically necessary.

Oxycodone 10mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Oxycodone since April 2015 without objective evidence of functional improvement. She has not been able to work due to pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycodone 10mg #100 is not medically necessary.