

Case Number:	CM15-0030354		
Date Assigned:	03/19/2015	Date of Injury:	03/26/1997
Decision Date:	04/07/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	02/18/2015

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 66-year-old female, with a reported date of injury of 03/26/1997. The diagnoses include status post anterior and posterior cervical fusion, status post right shoulder arthroscopy, status post left shoulder arthroscopy, status post right carpal tunnel release, status post left carpal tunnel release, and status post right first carpal metacarpal joint arthroplasty. Treatments included electrodiagnostic study of the bilateral upper extremities on 02/01/2014 and oral medications. The progress report dated 03/26/2014 indicated that the injured worker had ongoing discomfort in her cervical spine, bilateral shoulders, and lumbar spine. The physical examination showed a normal gait, normal arm swing, tenderness to palpation of the cervical and upper thoracic paraspinous region, loss of cervical motion throughout all planes, equal strength throughout the upper extremities, crepitus with right shoulder range of motion, and loss of range of motion of the bilateral shoulders. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Nucynta 100mg #90 and Lidoderm 5% #30. On 06/03/2014, Utilization Review (UR) denied the request for Nucynta 100mg #90 and Lidoderm 5% #30, noting that there was no documentation of urine drug screens to monitor compliance and screen for abnormal behavior; no documentation of a signed opiate agreement; and no documentation of neuropathic pain and failed use of oral agents. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The long-term use of this medication class is not recommended per the California MTUS unless there is documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore, criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Topical lidocaine preparations are indicated in the use of neuropathic pain in particular post herpetic neuralgia. However there is no indication of failure of first line agents for neuropathic pain. Therefore all criteria per the California MTUS have not been met and the request is not medically necessary.