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| Case Number: | CM15-0036479 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 03/10/2001 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/16/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old female, who sustained an industrial injury on March 10, 2001. The diagnoses have included complex regional pain syndrome, right upper extremity with flare. Treatment to date has included trigger point injection, home exercise program (HEP), and oral and topical medications. Currently, the injured worker complains of severe pain in the right upper extremity. The Treating Physician's report dated February 2, 2015, noted the injured worker in moderate distress with palpation revealing trigger points with muscle twitch point over the right posterior shoulder with hypersensitivity distally in the wrist and hands. The injured worker received a trigger point injection over the right and left trapezius. On February 16, 2015, Utilization Review non-certified MS Contin 15mg T.I.D. #90, Norco 7.5/325mg Q.I.D. P.R.N. #120, and Lidoderm 5% patch 1-2 daily P.R.N. #60 with 3 refills, noting there was no documented pain reduction and objective functional improvement with the use of the requests, with the clinical information not supporting the requested medications, however weaning was considered, therefore the requests were modified to partially certify MS Contin 15mg T.I.D. #45 with no refills, Norco 7.5/325mg Q.I.D. P.R.N. #60 with no refills, and Lidoderm 5% patch 1-2 daily P.R.N. #30 with no refills. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the MTUS Chronic Pain Medical Treatment Guidelines were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of MS Contin 15mg T.I.D. #90, Norco 7.5/325mg Q.I.D. P.R.N. #120, and Lidoderm 5% patch 1-2 daily P.R.N. #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg t.i.d. #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for MS Contin 15mg t.i.d #90, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In light of the above issues, the currently requested MS Contin 15mg t.i.d #90 is not medically necessary.

Norco 7.5/325mg q.i.d. p.r.n. #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 7.5/325mg q.i.d. p.r.n. #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 7.5/325mg q.i.d. p.r.n. #120 is not medically necessary.

Lidoderm 5% patch 1-2 daily prn #60 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for Lidoderm Patch 5% 1-2 daily prn #30 refills: 3, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm Patch 5% 1-2 daily prn #30 refills: 3 is not medically necessary.