

Case Number:	CM15-0036516		
Date Assigned:	03/05/2015	Date of Injury:	08/25/1998
Decision Date:	04/17/2015	UR Denial Date:	01/30/2015
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

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, who sustained an industrial injury on 8/25/1998, due to cumulative injury. The diagnoses have included causalgia of upper limb, carpal tunnel syndrome, brachial plexus lesions, brachial neuritis or radiculitis nos, spasm of muscle, and lateral epicondylitis. Treatment to date has included surgical (right thoracic outlet surgery in 9/2005) conservative measures. Currently, the injured worker complains of neck pain, with radiation to both arms. Sleep quality was poor due to pain. Headaches were reported to increase. She was taking Tylenol and Lorzone, as other medications were not approved. Pain was rated 8-9/10 with these medications and 6/10 with unapproved medications. Current medications were documented as Protonix, Celebrex, Neurontin, Lidoderm 5% patch, Lorzone, Lunesta, Zomig, Butrans patch 10mcg/hr, Pristiq, Ativan, Desipramine, Pristiq, Aldactone, Acetaminophen, B12, Biotin, Fish Oil, Glucosamine, Lasix, Proair, Qvar, and Folic acid. The PR2, dated 1/21/2015, referenced magnetic resonance imaging of the cervical spine findings (12/03/2013) as showing multilevel degenerative disc disease, with reversal of cervical lordosis, no more than mild spinal stenosis, and unspecified findings at right C4-5 and left C5-6. Magnetic resonance imaging of the thoracic spine (11/06/2007) was referenced as unremarkable. Official magnetic resonance imaging reports were not noted. Physical exam noted a slowed gait. Exam of the cervical spine noted restricted range of motion, tenderness and spasm of the paravertebral muscles, tenderness over the paracervical muscles, trapezius, and bilateral occipital nerves, and pain with Spurling's maneuver. Exam of the lumbar spine showed restricted range of motion and spasm and tenderness over the paravertebral muscles. The right elbow showed

erythema and swelling, restricted range of motion, tenderness over the lateral epicondyle, and positive Tinel's sign. Phalen's and Tinel's sign was positive at both wrists. Motor testing showed grip, wrist flexor, and wrist extensor as 4-/5 on the right and 4/5 on the left. Sensation was decreased over the middle finger, ring finger, little finger, arms, and hands bilaterally. Previous opioid detoxification was documented in 2011. On 1/30/2015, Utilization Review non-certified a request for Butrans DIS 10mcg/hr #4 (28 day supply), and non-certified a request for Lidoderm DIS 5% (#30 with 5 refills), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans DIS, 10mcg per hour, 28 day supply #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Butrans, Buprenorphine Page(s): 76-78, 88-89, 26.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for BUTRANS DIS 10MCG PER HOUR, 28 DAY SUPPLY #4. Per 01/21/16 progress report, the patient is currently taking Protonix Dr, Celebrex, Neurontin, Butrans patch, Lidoderm patch, Lorzone, Lunesta, Zomig, Pristiq, Ativan, Desipramine, Aldactone, Acetaminophen, B12, Biotin, fish oil, Glucosamine, Lasix, Proair Hfa and Qvar. The patient has been utilizing Butrans patch since at least 10/02/14. The patient is currently not working. Per 10/02/14 progress report, Percocet and Oxycodone had caused GI upset and Nausea in the past. The patient rates her pain as 5/10 with medications and 7/10 without medications. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding Butrans, Buprenorphine; MTUS Guidelines page 26 states, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." In this cast the treater addresses before/after pain scale. The treater discusses analgesia, but the treater does not address all 4 A's as required by MTUS guidelines. The treater does not provide ADLs and adverse behavior/side effects. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned. In this case, it's not used to opiate addiction but for chronic pain. The treater addresses before/after pain scale. The treater discusses analgesia, but the treater does not address all 4 A's as required by MTUS guidelines. The treater does not provide ADLs and adverse behavior/side effects. No specific ADL changes are noted showing significant functional improvement. No outcome measures are provided as required by MTUS. Urine drug screen is not mentioned. The utilization review letter

on 01/27/15 states that the patient has had previous opioid detoxification in 2011, but the report is not provided for the view. The treater does not explain how the Butrans patches have been used with what effectiveness. Therefore, the request IS NOT medically necessary, and the patient should slowly be weaned as outlined in MTUS guidelines.

Lidoderm DIS 5%, #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and upper/lower extremities. The request is for LIDODERM DIS 5% #30 WITH 5 REFILLS. Per 01/21/16 progress report, the patient is currently taking Protonix Dr, Celebrex, Neurontin, Butrans patch, Lidoderm patch, Lorzone, Lunesta, Zomig, Pristiq, Ativan, Desipramine, Aldactone, Acetaminophen, B12, Biotin, fish oil, Glucosamine, Lasix, Prooair Hfa and Qvar. The patient is currently not working. MTUS guidelines page 57 states, "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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient started utilizing Lidoderm patches prior to 10/02/14. None of the reports discuss how Lidoderm patches have been used with what efficacy. This patient presents with neck/low back pain with radicular symptoms, a diffuse neuropathic condition. There is no documentation of localized, peripheral neuropathic pain for which this product is indicated. Therefore, the request IS NOT medically necessary.