

Case Number:	CM15-0059329		
Date Assigned:	04/03/2015	Date of Injury:	06/16/2000
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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:

This 45 year old man sustained an industrial injury on 6/16/2000. The mechanism of injury is not detailed. Evaluations include a right shoulder MRI and electromyogram performed in August of 2014. Diagnoses include impingement syndrome of the right shoulder and elbow inflammation status post arthroscopy. Treatment has included oral medications and surgical intervention. Physician notes dated 3/2/2015 show complaints of pain in the right shoulder and elbow. Recommendations include Tramadol ER, Oxycontin, Percocet, Flexeril, Lidoderm, Gabapentin, urine drug screen, laboratory testing, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 76-77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured workers pain in ADLs with and without the use of OxyContin, and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request is not medically necessary.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain in ADLs with and without the use of Percocet. Additionally, a urine drug screen was not provided to determine medication compliance. Consequently, the request was not supported. Additionally, the request did not specify duration and frequency of use. As such, the request is not medically necessary.

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, Flexeril should not exceed the use of 3 weeks. The clinical documentation submitted for review did not indicate how long the injured worker had been on this medication. Additionally, efficacy was not documented in terms of decreased spasms, decreased pain, and functional improvement. Consequently, the request is not supported. Additionally, the request did not specify duration and frequency of use. As such, the request for Flexeril 10mg #60 is not medically necessary.

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines go on to state that Lidoderm patches are only FDA approved for postherpetic neuralgia. The clinical documentation submitted for review did not indicate the injured worker had such condition, nor was it noted that the injured worker failed antidepressants and anticonvulsants. Moreover, efficacy was not documented. Consequently, the request is not supported. Moreover, the request did not specify duration, frequency, and body region the medication is to be applied to. As such, the request for Lidoderm patches 5% #60 is not medically necessary.