

Case Number:	CM15-0232382		
Date Assigned:	12/08/2015	Date of Injury:	10/30/2014
Decision Date:	01/29/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/25/2015

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 53 year old male who sustained an industrial injury on 10-30-2014. Medical records (05-05-2015 to 11-25-2015) indicated the worker was the injured worker complains of injury to the head, upper back, mid back, low back, ribs, and left knee. X-rays of the left knee revealed three fractures. The worker was prescribed Norco and Percocet. He was issued a knee brace and crutches. On exam, he complained of intermittent moderate to severe achy headache, occasional moderate neck pain radiating to mid back, and constant moderate to severe sharp, stabbing, throbbing, burning upper-mid back pain with heaviness and weakness radiating to both ribs and aggravated by standing. He complains of moderate to severe sharp, stabbing throbbing burning low back pain, stiffness, heaviness, numbness tingling, weakness and cramping radiating to mid back, and moderate throbbing left knee pain, numbness, tingling, weakness and cramping radiating to the left leg and foot. On exam, he has dermatome sensation intact and equal in both upper and lower extremities. Cervical range of motion is decreased and painful in all planes. Shoulder depression causes pain, cervical compression causes pain. There is +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezi with muscle spasm of same. Lumbar range of motion is decreased and painful in all planes. Kemps causes pain, straight leg raises are positive bilateral. His diagnoses include concussion with brief loss of consciousness, cervical muscle spasm, cervical musculoligamentous injury, thoracic musculoligamentous injury and thoracic muscle spasm, lumbar musculoligamentous injury and lumbar muscle spasm, and he is status post-surgery left knee (03-16-2015). In the notes of 06-02-2015, the worker had the diagnosis of rule out lumbar disc herniation added. He was continued on Percocet and Neurontin, Urine drug screen 06-16-2015 was inconsistent showing

hydrocodone and norhydrocodone and was negative for cyclobenzaprine. The treatment plan included physical therapy, kinetic activities; follow up with Neurologist, and MRI. A request for authorization was submitted for: 1. Percocet 10/325mg #90 no refill (Rx date 10-13-15). 2. Avalin patches #15, no refill (Rx date 10-13-15). 3. MRI scan right shoulder. A utilization review decision 11-04-2015 Authorized the MRI scan of the right shoulder and found the request for Percocet 10/325mg #90 no refill (Rx date 10-13-15) to be not medically necessary and appropriate, however due to the nature of the drug, weaning is recommended. The request for Avalin patches #15, no refill (Rx date 10-13-15) was found to be not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90 no refill (Rx date 10/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with intermittent, moderate headaches, occasional neck pain radiating to mid-back, constant, severe, burning upper/mid back pain with heaviness/weakness radiating to both ribs, aggravated by standing, constant, sharp, throbbing, and burning low back pain with stiffness/heaviness/numbness/tingling/weakness/cramping radiating to mid-back, and constant, throbbing left knee pain with numbness/tingling/weakness/cramping radiating to left leg and foot. The treater has asked for Percocet 10/325mg #90 no refill (RX date 10/13/15) but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient complains of dizziness per 5/12/15 report. The patient's neck pain started 5-7/10 and low back and mid back pain rated 7-8/10 per 5/12/15 report. The patient is s/p left knee surgery from 3/16/15 for the current injury per 5/12/15 report. The patient is currently having frequent headaches and was prescribed Excedrin per 5/28/15 report. The patient is currently temporarily totally disabled as of 5/28/15 report. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (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. MTUS, Criteria for use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient was prescribed Norco

and Percocet shortly after his original injury. The patient has been taking Norco as early as 5/28/15 report, and in subsequent report dated 6/2/15. Per 6/2/15 report, the treater states: "Apparently, he did receive a narcotic prescription for Percocet from another physician in this facility which he states he ran out of prior to 30 days. Therefore, I am extending the total amount to 120 per month to allow analgesia in him while I will have time to review his extensive medical history and adjust the treatment plan accordingly." MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A UDS on 6/19/15 was not consistent (positive for Norco and Cyclobenzaprine which are not prescribed), and no CURES or opioid contract were provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Avalin patches #15, no refill (Rx date 10/13/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with intermittent, moderate headaches, occasional neck pain radiating to mid-back, constant, severe, burning upper/mid back pain with heaviness/weakness radiating to both ribs, aggravated by standing, constant, sharp, throbbing, and burning low back pain with stiffness/heaviness/numbness/tingling/weakness/cramping radiating to mid-back, and constant, throbbing left knee pain with numbness/tingling/weakness/cramping radiating to left leg and foot. The treater has asked for Avalin patches #15, no refill (RX date 10/13/15 but the requesting progress report is not included in the provided documentation). The request for authorization was not included in provided reports. The patient complains of dizziness per 5/12/15 report. The patient's neck pain started 5-7/10 and low back and mid back pain rated 7-8/10 per 5/12/15 report. The patient is s/p left knee surgery from 3/16/15 for the current injury per 5/12/15 report. The patient is currently having frequent headaches and was prescribed Excedrin per 5/28/15 report. The patient is currently temporarily totally disabled as of 5/28/15 report. MTUS, Topical Analgesics section, page 112 has the following under Lidocaine Indication: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain... MTUS Topical Analgesics section, page 111 also states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended..." The treater does not discuss this request in the reports provided. The prescription for Avalin, which is a transdermal patch which combines lidocaine and menthol, is not supported by MTUS for this patient's chief complaint. This patient presents with neck pain, back pain, and headaches, with no documentation of a localized neuropathic pain amenable to topical Lidocaine. Therefore, the request is not medically necessary.

