

Case Number:	CM14-0129638		
Date Assigned:	08/20/2014	Date of Injury:	09/09/2009
Decision Date:	09/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old female who has submitted a claim for chronic left shoulder pain status post surgery, chronic left lower extremity pain status post surgery for left femur fracture, left groin pain, left-sided neck pain, depressive disorder, and obesity, associated with an industrial injury date of 9/9/2009. Medical records from 2013 to 2014 were reviewed. The patient complained of bilateral knee pain, neck pain, and shoulder pain. Pain was 5/10 in severity and relieved to 2/10 upon intake of medications. Medications likewise allowed him to walk for exercise, as well as carry out activities of daily living such as cooking, and self hygiene. Constipation was a noted side effect, however, Colace provided relief of symptom. Urine drug screens were likewise consistent as cited from progress reports. Physical examination showed that patient ambulated with use of a cane and left knee brace. Lidoderm patch was prescribed as adjuvant therapy since June 2014. Treatment to date has included left shoulder surgery, left femoral surgery, Synvisc injection to the left knee, physical therapy, and medications such as Lexapro, Wellbutrin, Percocet (since 2013), Trazodone, and Colace. Utilization review from 7/15/2014 modified the request for Percocet 10/325mg #120 into quantity 90 for the purpose of weaning because of no objective functional benefit from medication use; and denied Lidoderm patch 5%, #30 x 3 refills because of no reported functional benefit from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescribed percocet 10/325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Percocet since 2013. Patient reported decreased knee pain severity from 5/10 to 2/10 with ability to perform activities of daily living such as cooking, and self hygiene from medication use. Constipation was a noted side effect, however, Colace provided relief of symptom. Urine drug screens were likewise consistent as cited from progress reports. Guideline criteria for continuing opioid management have been met. Therefore, the request for Percocet 10/325mg #120 is medically necessary.

Prescribed lidoderm patch 5%, #30 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Lidocaine patch Page(s): 56-57.

Decision rationale: Pages 56 and 57 of the California MTUS Chronic Pain Medical Treatment Guidelines state that 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). In this case, patient has a concomitant depression requiring prescription of Lexapro. Clinical manifestations of bilateral knee pain, neck pain, and shoulder pain were not consistent with peripheral neuropathy to warrant a transdermal formulation of lidocaine. There is no clear indication for this request. Therefore, the request for lidoderm patch 5%, #30 x 3 refills is not medically necessary.