

<b>Case Number:</b>	CM14-0166218		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of July 22, 2003. A utilization review determination dated September 5, 2014 recommends a non-certification of lidocaine 5% #60, lidocaine-prilocaine 2.5% #90, OxyContin 40 mg #60 with modification to #45 for weaning purposes, and hydrocodone-acetaminophen 10-325 mg #100 with modification to #75 for weaning purposes. A progress note dated September 10, 2014 identifies subjective complaints of a flare-up of the neck and right shoulder the last month while vacuuming her home, the patient's flare-up has resolved and she has now returned to baseline. The patient's opiate medication regimen was modified by utilization review, her OxyContin 40 mg was reduced from 90 to 60 tablets a month, and her Norco was reduced from 150 tablets to 100 tablets. The patient reports having difficulty with dealing with the reduction in her opiate medications, she has more difficulty with activities of daily living as a result of her increased pain. The patient continues to report chronic pain in her neck and upper extremities that is aggravated with repetitive and prolonged activities of her upper extremities. The patient's OxyContin, Norco, and Flexeril are necessary to help her manage her neck pain and spasms so that she can adequately function with activities of daily living involving the use of her upper extremities including grooming, dressing, cleaning, and cooking. The patient is able to engage in those activities for 20 minutes with the use of her medications, without the medications her tolerance of the activities is limited to less than 10 minutes. The lidocaine cream and Lidoderm patches also aid with her neck and shoulder pain to facilitate her ability to engage in activities of daily living with her upper extremities. The patient states that her current medication regimen reduces her pain by about 40%, her pain level without medications is a 8/10, and her pain level with medications is a 5/10. The patient has a signed pain contract and has not exhibited any aberrant behaviors regarding her medications. A urine drug screen performed on April 22, 2014 was consistent with her medication regimen. Physical

examination identifies positive impingement sign of bilateral shoulders, slight tenderness of the right elbow medial epicondyle, tenderness to palpation of bilateral thenar eminences, and tenderness for patient throughout the cervical spine. The diagnoses include status post left trigger thumb release, status post debridement of right TFCC and older lunate joint with grade IV chondromalacia, status post right ulnar osteotomy, status post left dorsoradial carpal ganglioectomy, status post bilateral carpal tunnel release, cervical strain, cervicgia, pain related insomnia, pain related depression, early trigger finger of the left third digit, bilateral lateral epicondylitis, bilateral shoulder impingement syndrome, and status post right subacromial decompression with distal clavicular resection and rotator cuff repair. The treatment plan recommends continuation of the patient's current medication regimen, refill of Flexeril at 10 mg QHS, continuation of lidocaine/prilocaine cream as well as Lidoderm patches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidocaine 5% #60 QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** Regarding request for topical lidocaine 5% #60, 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. The patient is currently taking and tolerating Neurontin. As such, the currently requested Lidocaine 5% #60 is not medically necessary.

**Lidocaine Prilocaine 2.5% #90 QTY: 90.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** Regarding request for topical Lidocaine-Prilocaine 2.5% #90, 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. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic

pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidocaine-Prilocaine 2.5% #90 is not medically necessary.

**Oxycontin 40mg #15 QTY: 60.00: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Oxycontin (oxycodone ER) 40mg #60, California Pain Medical Treatment Guidelines state that Oxycontin 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 indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Oxycontin (Oxycodone ER) 40mg #60 is medically necessary.

**Hydrocodone- Acetaminophen 10/325mg #25 QTY: 100.00:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen) 10-325mg #100, 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 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), there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested Norco (Hydrocodone/Acetaminophen) 10-325mg #100 is medically necessary.