

Case Number:	CM14-0088521		
Date Assigned:	07/23/2014	Date of Injury:	12/06/2001
Decision Date:	10/16/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/12/2014

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 Internal 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 injured worker is a 60 year old male injured on 12/06/01 due to an undisclosed mechanism of injury. Diagnoses include status post arthrodesis, right thumb metacarpal phalangeal joint with residual pain, status post bilateral elbow release, and medial epicondylectomy and transposition of the left ulnar nerve, lateral epicondylitis of the right elbow. The clinical note dated 04/24/14 indicated the injured worker presented complaining of left elbow pain, right wrist pain, and right hand pain. The injured worker reported pain 9/10 without medication and poor sleep quality. The injured worker reported continued increase in pain following decreased medication doses. The injured worker authorized for 6 individual sessions of psychotherapy due to increased depression secondary to chronic pain and medication reduction. The injured worker had a history of significant depression requiring ongoing psychotherapy. Physical examination revealed elbow joint swelling and surgical scar, restricted range of motion by pain, tenderness to palpation noted over the lateral epicondyle, and medial epicondyle, hyperesthesia to touch of medial epicondyle, swelling to the wrist joint with surgical scar on dorsal aspect of the 1st digit, notable swelling and reported tenderness with palpation, restricted range of motion, Phalen's sign negative, tenderness to palpation over the 1st dorsal compartment, swelling over the thenar eminence of the right hand, painful range of motion, temperature decreased over the hand, tenderness to palpation noted over the thenar eminence, and tenderness to palpation of the thenar eminence. Treatment plan included Oxycodone 80mg authorized for 18 tablets, trial of Norco, trial of Celebrex, trial of Lidoderm cream, Pristiq, Senokot, Colace, Trazadone, Clonazepam, and Zofran. The documentation indicated intent to discontinue Oxycodone due to utilization review determination. The clinical note dated 05/08/14 indicated the injured worker presented complaining of burning pain with numbness and tingling resulting in an ability to maintain activities of daily living. The injured worker also reported Norco and Oxycontin were lost on

04/29/14. The injured worker reported having enough emergency medication to stretch doses until evaluation. The injured worker reported filing police report regarding lost medications. The injured worker reported he was able to obtain Pristiq, Trazadone, cream, and Celebrex prescriptions and had yet to obtain Clonazepam. Prescription for 2 weeks supply of medications provided. Urine drug screen performed on 10/15/12 was noted to be positive for opiates, Oxycodone, THC, and Ethyl Glucuronide-Ethyl Sulfate. The documentation indicated urine toxicology report dated 01/27/14 consistent and negative for ETOH; however, report not provided for review. The initial request was non-certified on 05/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidocaine 3% cream: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, 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. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and anti-pruritics. As such, Lidocaine 3% cream is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As such, Norco 10/325mg #120 is not medically necessary.

Oxycontin 80mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As such, Oxycontin 80mg #15 is not medically necessary.