

Case Number:	CM15-0025882		
Date Assigned:	02/18/2015	Date of Injury:	07/08/2003
Decision Date:	04/01/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/11/2015

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, Pain Management

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 52 year old female, who sustained a work/ industrial injury (fall) on 7/8/03 as an accountant clerk. She has reported symptoms of increased pain with cold weather, decreased range of motion noting pain without medication was 10/10 and 4/10 with medication. Medical history included anxiety, dysthymia, histrionic narcissistic passive dependent suspicious traits, along with chronic cervical and lumbar contusion sprain/strain, left shoulder strain, plantar fasciitis, exogenous obesity, and diabetes mellitus. Surgeries included right knee arthroscopic medial meniscectomy and synovectomy, right shoulder arthroscopic debridement, excision of distal clavicle, arthroscopic partial medial meniscectomy left knee with patellofemoral chondroplasty. The diagnoses have included cervical and lumbar myofascial pain, radiculitis, s/p bilateral knee surgery, and bilateral shoulder impingement. Treatments to date included topical and oral medication, home exercises, physical therapy, and surgery. Diagnostics included a Magnetic Resonance Imaging (MRI) of 1/13/04 that reported mild sprain involving the medial collateral ligament, slight truncation of the body of the medial meniscus, small amount of soft tissue edema anterior to the patella and patellar tendon, and tiny Baker's cyst. Medications included Oxycodone ER, Lidoderm patch, Trazodone, Meloxicam, Norco, and Venlafaxine. Examination noted range of motion at 60 degrees and extension at 5 degrees on the lumbar spine, left shoulder lateral 90 degrees. There was hypertonicity of the cervicothoracic and lumbar musculature without myospasms being present. A request was made for refill of oral analgesics. On 1/16/15, Utilization Review non-certified a Lidoderm 5% Patch #60 ; OxyContin

20mg #60 ; and Norco 10/325mg #120, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #60: Upheld

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

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

Decision rationale: Regarding request for Lidoderm, 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 of localized peripheral neuropathic pain that has failed first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines note that it 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 mention of improved pain, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested OxyContin is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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 mention of improved pain, but there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.