

Case Number:	CM15-0094454		
Date Assigned:	05/21/2015	Date of Injury:	09/30/2005
Decision Date:	06/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 51-year-old male who sustained an industrial injury on 09/30/2005 resulting in right shoulder pain, right hand pain, and low back pain. Treatment provided to date has included: conservative care (activity restrictions, electrical stimulation, etc.); conservative therapies (including physical therapy, acupuncture and chiropractic manipulation (unknown number of sessions); right shoulder injections; medications (tried and failed: Butrans patch, ibuprofen, Motrin, naproxen, Norco, omeprazole, oxycodone, Pantoprazole, tramadol and Vicodin); and left shoulder surgery (x2). Diagnostic tests performed include: electrodiagnostic testing of the bilateral upper and lower extremities (05/03/2012) which showed normal findings; nerve conduction testing of the bilateral upper and lower extremities (05/03/2012) which showed mild right ulnar motor and sensory neuropathy at the elbow, left 5th digital branch sensory neuropathy (partially amputated 5th digit) and normal bilateral lower extremity nerve studies. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/13/2015, physician progress report noted complaints of neck pain with radiating pain into both upper extremities with associated frequent numbness from the bilateral shoulders down to level of both hands. Pain is rated as 6-8 (1-10) with use of medications, and 9 (1-10) without medications since last visit. Pain was reported to be aggravated by activity and walking. Additional complaints include low back pain with radiating pain into both lower extremities, ongoing daily occipital headaches with associated blurred vision headaches, and chronic gastroesophageal reflux disease and severe constipation due to medications. Current treatment consist of TENS (Transcutaneous Electrical Nerve Stimulation) and medications (Butrans

patches, Colace, Lidoderm patches, Prilosec, and tramadol). The injured worker noted that he used the TENS unit several times daily for the last 3 years, as well as cold/heat therapy and medications, and these were helpful in managing his symptoms. The physical exam revealed moderate distress, slow gait with use of a cane, left arm in sling, tenderness to palpation at the bilateral paravertebral C5-7 area, slight to moderate limited range of motion in the cervical spine, right wrist splint, tenderness to palpation of the left rotator cuff and left anterior shoulder, decreased sensation in both upper extremities and hands, and decreased strength in the left upper extremity. The provider noted diagnoses of bilateral elbow pain, left shoulder pain, bilateral wrist pain, intragenic opioid dependency, medication related dyspepsia, NSAID intolerance, and status post left shoulder surgery (x2). The injured worker was noted to be permanently disabled. Plan of care includes lumbar orthosis to assist with activity tolerance, follow-up, referral to gastroenterologist for evaluation and treatment, possible cervical epidural steroid injection (CESI) versus "SSNB", and continued current medications (refills). Requested treatments include: Butrans 10mcg #4 and Lidoderm patches 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrans (Buprenorphine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain dairy that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of

misuse of medications (doctor- shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores. There are also no objective measurements of improvement in function. Therefore, criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Lidoderm 5% patches #30: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In February 2007 the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of this substance over large areas, left the products on for long periods of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA-approved products are currently recommended. (Argoff, 2006) (Dworkin, 2007) (Khaliq-Cochrane, 2007) (Knotkova, 2007) (Lexi-Comp, 2008) Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995) This medication is recommended for localized peripheral pain. The patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

