

Case Number:	CM14-0135332		
Date Assigned:	08/29/2014	Date of Injury:	05/01/2010
Decision Date:	12/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 (IW) is a 42-year-old woman with a date of injury of May 1, 2010. According to the IW, she has been a supervisor at [REDACTED] in the meat department since 2005. She developed pain to the left wrist and a lump over the left hand and subsequently felt pain in the left shoulder. She believes that the injury occurred due to repetitive motion. Pursuant to the progress note dated July 9, 2014, the IW complains of left shoulder and left upper arms pain. Pain is rated 8-9/10. The pain is described as frequent. She has difficulty sleeping at night secondary to the pain. Objective physical findings revealed that range of motion of the left shoulder and left upper arm has not changed much. The IW has been diagnosed with possible carpal tunnel syndrome; possible left cervical radiculopathy; left shoulder impingement syndrome; and left DeQuervain's tenosynovitis. She is taking Ibuprofen, Tramadol and Zorvolex, which failed to provide any significant relief. She has tried Butrans patch 5mcg, which failed to provide any significant relief. The provider documents that she is reluctant to give Percocet, which is the only thing that helps her, it is addicting. The provider states that her preference is Butrans patch. Documentation in the medical record indicated that the IW has been taking Percocet since April 21, 2014. The treatment plan includes: Lidoderm patch, Butrans patch 10mcg, Phenergan 25mg, and Percocet #20. The IW is working regular duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of percocet 5/325mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Percocet will 5/325 mg #20 is not medically necessary. Chronic, ongoing opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should be a detailed pain assessment in the record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker sustained injury to the upper extremity May 1, 2010. There was also injury to the left wrist. Patient underwent physical therapy. During the course of treatment there were no red flags or progressive neurologic deficits. The medical records did not contain detailed pain assessments regarding the use of opiate pain medications. There was no documentation in the medical record as to the start date of opiates. Additionally, there was no risk assessment performed with urine drug screens or determination as to whether the injured worker was a low risk, intermediate or high risk for drug misuse or abuse. Percocet appeared first in an April 2014 progress note. There were no entries in the medical record regarding functional objective improvement and consequently, Percocet 5/325#20 is not medically necessary.

1 Prescription for butrans patch 10mcg #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Butrans

Decision rationale: Pursuant to the Official Disability Guidelines, Butrans patch 10 mcg #4 is not medically necessary. Butrans is recommended for selected patients were treatment of opioid dependence. The drug can only be prescribed by certified physicians. Butrans the above is a scheduled three controlled substance with both agonist and antagonist properties. In this case, the documentation is very limited regarding opiate medications and the duration of opiate medications. Butrans is an opiate-based medication that is being added, over and above, Percocet. Butrans can only be dispensed by a certified physician. It is unclear from the medical record whether the treating physician is certified to dispense and manage Butrans. The documentation is also insufficient to support the use of Butrans. There is no clinical documentation indicating drug dependency issues with this injured worker. The treating physician in a progress note dated July 9, 2014 stated the treating physician was reluctant to give Percocet to the injured worker which is the only thing that helps her, it is addicting. Her preference was the Butrans patch. Despite the language in the assessment, the plan shows a

prescription for Percocet #20. Consequently, based on the insufficient and inconsistent clinical documentation, Butrans 10mcg patch is not medically necessary.

Lidoderm patches every 12 hours (#30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches every 12 hours #30 why not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case, the clinical documentation is very limited in terms of Lidoderm and its purpose for this injured worker. The progress notes mention Lidoderm, however there is no clinical rationale for its use or the anatomical regions to be applied. Additionally, topical analgesics are a second line treatment when first-line treatment fails. First-line treatment consists of tricyclic antidepressants and/or antiepileptic drugs such as gabapentin Lyrica. There is no documentation in the medical record indicating failure of first-line treatment. Consequently, based on the absent documentation and the clinical indication, Lidoderm patches every 12 hours #30 are not medically necessary.

1 Prescription of phenegran 25mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682284.html>

Decision rationale: Pursuant to Medline plus, Phenergan 25 mg #90 is not medically necessary. Phenergan (promethazine) is used to relieve symptoms of allergic reactions as allergic rhinitis, allergic conjunctivitis, sedation, nausea and vomiting after surgery. For additional details see attached link. In this case, there is no documentation in the medical record to support the use of promethazine. The injured worker did not exhibit signs of allergic reactions, nausea or vomiting. Additionally, there were no extenuating clinical services that would support need of this medication. Consequently, Phenergan 25 mg #90 is not medically necessary.