

Case Number:	CM13-0020869		
Date Assigned:	10/11/2013	Date of Injury:	03/05/2012
Decision Date:	03/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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.

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 3/5/12. A utilization review determination dated 10/6/13 recommends non-certification of Lidoderm and a utilization review determination dated 10/1/13 recommends partial certification of Motrin and Norco to "generic Motrin" and "generic Norco." A progress report dated 8/13/13 identifies subjective complaints including cervical pain 2/10, back pain 5/10, stiffness, numbness, radicular pain, and weakness in bilateral legs. Left shoulder pain 2/10. Objective examination findings identify pain to palpation over multiple facets, pain with rotational extension, and positive Gaenslen's, Patrick's, and stork tests bilaterally. Diagnoses include cervical, thoracic, lumbar spinal pain; shoulder rotator cuff tear; disk annular disruption syndrome with high intensity zone. Treatment plan recommends consultation with [REDACTED] for spinal pain and medications including Cymbalta, Lidoderm, Motrin, and Norco. \hat{i}

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 76-79.

Decision rationale: Regarding the request for Norco, CA MTUS notes that, 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 no indication that the Norco is providing quantifiable pain relief or specific functional improvement. There is also no documentation regarding side effects and no discussion regarding aberrant use. Therefore, ongoing use is not supported. Opioids should not be abruptly stopped, but unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.

LIDODERM PATCH: Upheld

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

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

Decision rationale: Regarding the request for Lidoderm, guidelines state that it is 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). Within the documentation available for review, there is no documentation of localized peripheral pain failure of first-line therapy, nor is there clear documentation of efficacy of the medication. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.

MOTRIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Regarding the request for Motrin, CA MTUS states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Motrin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any specific objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.