

Case Number:	CM13-0025103		
Date Assigned:	11/20/2013	Date of Injury:	02/03/2003
Decision Date:	01/16/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. 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 claimant is a 61 year old female presenting with neck pain, shoulder pain and back pain following a work related injury 02/02/2003. The pain was described as back stiffness associated with weakness radiating down to the hips. The physical exam was significant for 4/5 muscle strength in the left shoulder abductors, 3/5 in the left rotator cuff supraspinatus and external rotation, tenderness at the acromioclavicular joint and posterior capsule, significant impingement sign of the shoulder, decreased range of motion with potentially adhesive capsulitis, left myofascial pain with triggering, fibrotic banding and spasms bilaterally, positive left spurling maneuver and maximal foraminal compression test with painful valsalva on the left, secondary myofascial pain along the paracervicals. MRA of the right shoulder was significant for small full thickness tear of the supraspinatus tendon and intrasubstance tear extending into the musculotendinous junction, undersurface partial-thickness of the infraspinatus; the findings were suggestive of an anterior and superior labral tear with osteoarthritis at the ac joint. The claimant tried 6 session of physical therapy, as well as anti-inflammatory medications. The claimant's previous medications included aspirin, Celebrex, Flector patch, Lidoderm patches, Neurontin, and Percocet the claimant was diagnosed with cervical degenerative disc disease with radiculopathy, and bilateral shoulder tendinitis. A claim was made for Percocet 5/32mg, Lidoderm 5% patch, Norco 10/325mg and supplies and materials except spectacles from the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidodem 5% ER patch; apply 1 patch on 12hrs off 12hrs, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The Physician Reviewer's decision rationale: Lidoderm 5% patch is topical Lidocaine. Per CA MTUS page 111 states that topical lidocaine is " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with cervical degenerative disc disease with radiculopathy and bilateral shoulder tendinitis both of which are non-neuropathic pain. Per CA MTUS Lidoderm 5% patch is not recommended for non-neuropathic pain.

Norco 10-325mg, 1 tab po q 4hrs, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 95.

Decision rationale: The Physician Reviewer's decision rationale: Norco 10/325mg #180 for the claimant's chronic pain is not medically necessary per previously cited medical literature and MTUS guidelines on chronic pain medical treatment. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Norco is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids. Additionally, Per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. It would be in the best interest of the claimant to wean off opioid therapy.

Percocet 5-325mg, 1 tablet po q 6hrs, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

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

Decision rationale: The Physician Reviewer's decision rationale: Percocet 5/325mg #120 for the claimant's chronic pain is not medically necessary per previously cited medical literature and MTUS guidelines on chronic pain medical treatment. Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Percocet is not medically necessary based on the fact that the claimant did not show an improvement in function or return to work with previously prescribed opioids. Additionally, Per MTUS guidelines the claimant who receives long-term opioids is at risk for Opioid Hyperalgesia and other adverse outcomes. It would be in the best interest of the claimant to wean off opioid therapy.

Supplies and materials (except spectacles): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatment Page(s): 11.

Decision rationale: The Physician Reviewer's decision rationale: Decision for Supplies and Materials, except (spectacles) CPT 99070 is not medically necessary. The CA MTUS page 11 states that clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8. The medical records do not specify the supplies and materials for which the claim is made. The requested service is therefore not medically necessary.