

Case Number:	CM13-0028323		
Date Assigned:	11/27/2013	Date of Injury:	09/24/1998
Decision Date:	01/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation and Pain Medicine, and is licensed to practice in Ohio and Texas. 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.

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 patient is a 70-year-old female who reported an injury on 09/24/1998. Notes indicate that the patient sustained injuries to the head, neck and right shoulder from a fall. Objective clinical findings noted for this patient include exquisite tenderness along the cervical paraspinal muscles, including trigger points along the trapezius and shoulder girdle bilaterally. The patient has a clinical diagnosis of right shoulder impingement and neck pain, with the patient's treatment plan inclusive of chiropractic treatment for the neck and right shoulder, as well as use of a TENS unit and physical therapy, as well as acupuncture. Furthermore, the patient was prescribed medications, which included Lidoderm patch 5%, Prilosec 20 mg, diclofenac 100 mg, Acetadryl 25/500 mg, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60-with consideration for tapering to occur thereafter: 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 Opioids Page(s): 91.

Decision rationale: CA MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. CA MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the "4 A's" and include monitoring for include 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. Clinical notes from 09/09/2013 indicate the patient's complaints of persistent pain, stiffness, and spasm, and notes indicate that the patient had been approved for 5 sessions of physical therapy and 4 sessions of acupuncture. Notes indicate that she is taking medications as needed, and recommendation was made for the patient to receive a prescription refill of Norco 10/325 mg for moderate to severe pain. While objective clinical findings submitted for review indicate that the patient has tenderness along the cervical paraspinal muscles, trapezius, and shoulder girdle bilaterally, there is a lack of documentation submitted for review indicating that the patient has a medical necessity for the prescription of Norco. Furthermore, there is no clear indication that the patient has any prior demonstrated efficacy with the use of the medication. However, given the Given that analgesia, activities of daily living, or any adverse side effects or drug-related behaviors have not been addressed, the request for Norco is not supported. However, tapering or weaning of this medication would be appropriate. Given the above, the request for 10/325 mg #60 with consideration for tapering to occur thereafter is not medically necessary and appropriate.

Lidoderm patches 5% #60: 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: CA MTUS states Lidocaine in a transdermal application is recommended for Neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. 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-pruritic. 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) This patient is currently utilizing Lidoderm patches to the neck and shoulders, which is noted to have been very helpful, as per the clinical notes of 09/09/2013. However, per the guideline recommendations, this medication is indicated for localized peripheral pain and neuropathic pain after evidence of a trial of a first-line therapy such as a tricyclic or SNRI antidepressant, or an AED such as gabapentin or Lyrica. However, the clinical documentation submitted for review fails to detail a significant neuropathology for the patient. Given the lack

of sufficient documentation to support the medication, the request for Lidoderm patches 5% #60 is not medically necessary and appropriate.

Prilosec 20 mg #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: CA MTUS states that patients at intermediate risk for gastrointestinal events and no cardiovascular disease should consider use of a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily or a medication such as misoprostol (200 \hat{I} ¼g four times daily); or use of a Cox-2 selective agent. Caution is given with long-term use of proton pump inhibitors as studies of use of PPI's show that use for (> 1 year) has increased the risk of hip fracture. However, there is a lack of documentation submitted for review indicating current GI symptoms of the patient or to indicate a prior history of gastro esophageal reflux disease, GI bleeding, or ulcer. Given the above, the request for Prilosec 20 mg #60 is not medically necessary and appropriate.

Diclofenac 100 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatories Page(s): 22.

Decision rationale: CA MTUS states that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Given that the medication is currently recommended as a first-line therapy to restore function, and as there is demonstrated tenderness of the cervical paraspinal musculature, trapezius, and shoulder girdle bilaterally, with decreased range of motion, the prescription for diclofenac would be supported as a first-line therapy. Given the above, the request for diclofenac 100 mg #30 is medically necessary and appropriate.

Acetadryl 25/500 mg #50: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded medications; ACETADRYL (acetaminophen and diphenhydramine, DailyMed.nlm.nih.gov, Acetaminophen 500 mg and Diphenhydramine HCl 25 mg

Decision rationale: CA MTUS/ACOEM Guidelines do not specifically address Acetadryl. The Official Disability Guidelines state that compound drugs are not recommended as a first-line therapy for most patients, but recommended as an option after a trial of first-line FDA-approved drugs, if the compound drug uses FDA-approved ingredients. The documentation submitted for review indicates that the patient was prescribed Acetadryl 25/500 mg 50 tablets for sleep. However, there is a lack of documentation submitted for review indicating medical necessity for this prescription. Given the above, the request for Acetadryl 20/500 mg #50 is not medically necessary and appropriate.