

Case Number:	CM13-0031194		
Date Assigned:	12/04/2013	Date of Injury:	04/17/2010
Decision Date:	02/05/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 is licensed to practice in 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:

The patient is a 55-year-old male who reported an injury on 04/17/2010 after starting a weed mower that recoiled causing a sprain to his right shoulder. The patient underwent right shoulder arthroscopy in 12/2012. The patient received postsurgical physical therapy, medications, and a TENS unit. The patient underwent an MRI in 08/2013 that did not reveal any abnormal findings. The patient's most recent clinical examination findings included a well-healed surgical scar on the right shoulder with restricted range of motion in both passive and active range of motion and tenderness upon palpation in the bicipital groove. The patient's diagnoses included rotator cuff injury, rotator cuff tear, and pain in the shoulder joint. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter

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

Decision rationale: The requested Lidoderm DIS 5% DAILY is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. The California Medical Treatment and Utilization Schedule recommends lidocaine patches when there is documentation that the patient has failed to respond to first line therapies to include antidepressants and anti-epilepsy drugs. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first line treatments. Additionally, there is no documentation of significant functional benefit as it is related to this medication. Therefore, continued use would not be supported. As such, the requested Lidoderm DIS 5% DAILY is not medically necessary or appropriate.

Hydro/APAP TAB 10-325mg #80 7 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,79-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested Hydroco/APAP TAB 10-325mg #80 7 day supply is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been using this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of quantitative pain relief, evidence of increased functional benefit, monitoring for aberrant behavior, and management of side effects. The clinical documentation submitted for review does not provide any evidence that the patient has been monitored for aberrant behavior, has any significant pain relief related to this medication, or has any significant functional benefit related to this medication. As such, the requested Hydroco/APAP TAB 10-325mg #80 7 day supply is not medically necessary or appropriate.