

Case Number:	CM13-0058360		
Date Assigned:	12/30/2013	Date of Injury:	10/20/2010
Decision Date:	05/15/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 is a 48-year-old male who reported an injury on 10/20/2010 due to a fall down a set of stairs. The injured worker reported sustained an injury to his left shoulder. The injured worker's treatment history included multiple medications, physical therapy, H-wave therapy, and a TENS unit. The injured worker's medications included Lyrica 200 mg, Lidoderm patches 5%, Opana extended release 5 mg, Pristiq extended release 50 mg, Biofreeze, Butrans, Vicodin, Terocin lotion, and Norco 10/325 mg. The most recent clinical evaluation provided was dated 08/29/2013. It was documented that Terocin lotion 4 oz was being prescribed to the injured worker. However, no physical evaluation to support ongoing use of medications was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5% WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested Lidoderm patches 5% with two (2) refills are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends

continued use of medication in the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The injured worker's most recent clinical evaluation did not provide any evidence of functional benefit or pain relief as a result of the use of Lidoderm patches. Additionally, the requested refills do not provide for timely reassessment and evaluation of the efficacy of this medication. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. As such, the requested Lidoderm patches 5% with 2 refills are not medically necessary or appropriate.

60 NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The requested 60 Norco 10/325 mg is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief as a result of medication usage. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 11/2012. Therefore, the efficacy of this medication should be clearly established within the documentation to support continued use. Additionally, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested 60 Norco 10/325 mg is not medically necessary or appropriate.