

Case Number:	CM13-0058541		
Date Assigned:	06/09/2014	Date of Injury:	04/02/2007
Decision Date:	07/28/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/27/2013

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, 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 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:

According to the records made available for review, this is a 61-year-old female with a 4/2/07 date of injury. At the time (8/8/13) of the request for authorization for 1 Mobic 7.5 mg, Lidoderm patches, and Tylenol No. 3, there is documentation of subjective (pain and discomfort) and objective (decreased left shoulder range of motion, motor strength is 5-/5 in the left shoulder) findings, current diagnoses (status post left shoulder surgery, rotator cuff surgery on November 13, 2012, left shoulder adhesive capsulitis, left frozen shoulder, left shoulder internal derangement, history of left shoulder rotator cuff injury with surgical repair failed, history of left shoulder manipulation under anesthesia, and left shoulder impingement), and treatment to date (medication including Mobic, Lidoderm patches, and Tylenol No. 3 for at least 3 months). Regarding 1 Mobic 7.5 mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Mobic. Regarding Lidoderm patches, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Lidoderm patches. Regarding Tylenol No. 3, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Mobic 7.5mg: 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 (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, rotator cuff surgery on November 13, 2012, left shoulder adhesive capsulitis, left frozen shoulder, left shoulder internal derangement, history of left shoulder rotator cuff injury with surgical repair failed, history of left shoulder manipulation under anesthesia, and left shoulder impingement. In addition, there is documentation of chronic pain and treatment with Mobic for at least three months. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Mobic. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Mobic 7.5mg is not medically necessary.

Unknown prescription of Lidoderm patches: 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 Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or norepinephrine reuptake inhibitor (SNRI) anti-depressants or an anti-epileptic drug (AED) such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. The MTUS-Definitions identifies that any treatment intervention

should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, rotator cuff surgery on November 13, 2012, left shoulder adhesive capsulitis, left frozen shoulder, left shoulder internal derangement, history of left shoulder rotator cuff injury with surgical repair failed, history of left shoulder manipulation under anesthesia, and left shoulder impingement. In addition, there is documentation of chronic pain and treatment with Lidoderm patches for at least three months. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Lidoderm patches. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription of Lidoderm patches is not medically necessary.

Unknown prescription of Tylenol No. 3: 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): 74-80.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post left shoulder surgery, rotator cuff surgery on November 13, 2012, left shoulder adhesive capsulitis, left frozen shoulder, left shoulder internal derangement, history of left shoulder rotator cuff injury with surgical repair failed, history of left shoulder manipulation under anesthesia, and left shoulder impingement. In addition, there is documentation of treatment with Tylenol No. 3 for at least three months. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Tylenol No. 3. Therefore, based on guidelines and a review of the evidence, the request for unknown prescription of Tylenol No. 3 is not medically necessary.