

Case Number:	CM14-0102094		
Date Assigned:	07/30/2014	Date of Injury:	12/02/2009
Decision Date:	10/07/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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:

The application for independent medical review was signed on July 2, 2014. The issues involved Sonata, Lidoderm, Voltaren and Hydrocodone Acetaminophen. Per the records provided, this patient as of May 13, 2014 had neck pain and left shoulder pain. The pain level increased since the last visit. The quality of sleep was poor. The activity level remained the same. The patient continued to be functional with medicine. The neck and shoulder pain was 3 to 4 out of 10, but it can go up to seven out of 10. The patient was not working. The patient reported weakness, stiffness and constipation. The cervical range of motion was restricted. There were trigger points and hypertonicity of the paravertebral muscles. The lumbar range of motion was also restricted. There were various orthopedic signs involving the shoulders. There was tenderness in the acromioclavicular joint in the biceps groove. Straight leg raising was reportedly positive on both sides. The patient was in a motor vehicle accident and was struck on the driver side. He underwent a left shoulder arthroscopy in June. The MRI in April 2013 documented left shoulder supraspinatus tendinopathy and the superior labral tear with biceps tendon. A urine drug screen from April 15, 2014 showed hydrocodone but the patient was adamant that he was taking it. The patient has attended over 25 sessions of therapy for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.5 mg. QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference on Sennosides

Decision rationale: This is an herbal laxative which contains sennosides, which are irritating to the colon, and thereby, induces bowel movements. I did not see strong issues with constipation as to why an herbal preparation would be needed over simple dietary fiber control. The request for Senna 8.5 mg QTY 60 is not medically necessary.

Voltaren 1% Gel 100gr tube QTY:3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain; Non-steroidal anti-inflammatory drugs (NSAIDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Per the MTUS, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on workers compensation or any patient. The request for Voltaren 1% Gel 100gr tube QTY 3 is not medically necessary.

Hydrocodone/Acetaminophen 5/325 mg. QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Hydrocodone/Acetaminophen 5/325 mg QTY 60 is not medically necessary.

Lidoderm 5% Patch (700mg/patch) QTY: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 Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request for Lidoderm 5% Patch (700mg/patch) QTY 30 is not medically necessary.