

<b>Case Number:</b>	CM14-0105221		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/09/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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:

The injured worker is a 56-year-old male who sustained cumulative trauma from September 5, 2008 to December 9, 2011. He is diagnosed with (a) bilateral shoulder strain, impingement; (b) cervical spine and trapezius strain, left upper extremity radiculopathy, degenerative disc disease, 1-2 mm disc bulge osteophytes at C5-C7 with neuroforaminal stenosis; and (c) bilateral carpal tunnel syndrome and bilateral de Quervain's tendinosis. He was seen on June 4, 2014 for an evaluation. He reported that his bilateral shoulders continued to be painful. He also complained of constant numbness and tingling of the hands. He also reported neck pain. Examination of the cervical spine revealed tenderness over the paraspinal musculature and trapezial spasms. Range of motion was limited. Examination of the bilateral shoulder revealed tenderness over the periscapular and trapezial musculature. Range of motion was limited. Impingement and cross arm tests were positive. Examination of the bilateral wrists revealed tenderness over the area. Range of motion was decreased. Tinel's and Phalen's tests were positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. This case of the injured worker has satisfied neither of these conditions for the past six months that he has been taking Norco. As such, the request is not medically necessary.

**Lidoderm Patch #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 Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** Medical records failed to establish the necessity of this medication. More so, topical formulation of this medication is indicated primarily for localized peripheral pain after evidence of failed trial of first-line therapy. Medical records failed to provide evidence that there was failure of first-line therapy to warrant the use of Lidoderm patch. As such, the request is not medically necessary.

**Colace 100mg #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 Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment

**Decision rationale:** According to guidelines, for cases of opioid-induced constipation, first-line treatment should be provided. If first-line treatments failed to alleviate constipation, medications may be prescribed such as Relistor and Amitiza. Guidelines do not mention the use of Colace as second-line treatment for opioid-induced constipation. As such, the request is not medically necessary.