

Case Number:	CM14-0010963		
Date Assigned:	02/21/2014	Date of Injury:	07/20/2010
Decision Date:	07/22/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 59-year-old male who has submitted a claim for right shoulder labral tear, right supraspinatus tear, and right shoulder derangement; associated with an industrial injury date of 07/20/2010. Medical records from 06/12/2013 to 12/19/2013 were reviewed and showed that patient complained of persistent right shoulder pain. Physical examination showed tenderness and crepitus in the right shoulder. Right shoulder apprehension sign and provocative manoeuvres were positive as well. Range of motion was limited. Neer and Hawkins signs were positive. Reflexes were symmetric in the bilateral upper extremities. Manual testing showed 4+/5 strength in the right bicep, and 4/5 strength in the right deltoid. Treatment to date has included medications, physical therapy, psychotherapy, right shoulder arthroscopy (06/29/2009), and right shoulder revision surgery (10/26/2012). Utilization review, dated 12/27/2013, denied the request for Norco because there was not enough information given as to the domains of ongoing opioid management, and denied the request for Lidoderm patch because there was no evidence of treatment failure with first-line medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG Q.D PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since August 2013. The medical records do not clearly reflect continued analgesia by quantifying the pain (i.e, VAS pain scale), or show objective evidence of functional improvement, or lack of adverse side effects. No urine toxicology monitoring was likewise presented. MTUS Guidelines require clear and concise documentation for ongoing management. Lastly, a rationale for increasing the dose of Norco was not provided. Therefore, the request for NORCO 10/325MG Q.D PRN #30 is not medically necessary.

LIDODERM PATCH APPLY 1 PATCH 12 HOURS ON 12 HOURS OFF #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56-57. Decision based on Non-MTUS Citation ODG Pain Chapter - Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: As stated on pages 111 to 112 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). In this case, the patient complains of right shoulder pain despite medications and physical therapy. However, medical records submitted for review show no evidence of previous trials with first-line anti-depressants or anti-epileptics drugs, necessitating the use of Lidoderm patch. Therefore, the request for Lidoderm Patch Apply 1 Patch 12 Hours on, 12 Hours off, #30 is not medically necessary.