

<b>Case Number:</b>	CM14-0019048		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas. 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 64-year-old male injured on November 18, 2008 when he was struck in the face by a metal object resulting in significant facial trauma, neck stiffness, and right shoulder pain. The injured worker was treated with acupuncture, physical therapy, chiropractic treatment, medication management, and is awaiting right shoulder surgery for a rotator cuff tear. Current diagnoses include rotator cuff of the left shoulder, fractured nasal bone with deviated septum, and cervical discopathy at C6-7 with neck spasm and stiffness. The clinical note dated January 16, 2014 indicates the injured worker complains of increased neck pain requiring additional physiotherapy pending completion of rotator cuff repair and surgical repair of the nasal passage. There was no physical assessment provided for review. Treatment plan includes continuation of Vicodin, Indocin, and Lidoderm patches. The dose, frequency, number of refills for each medication were not documented in the clinical notes provided. The request for Vicodin, Indocin, and Lidoderm patches was non-certified on January 31, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION FOR VICODIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, the dose, frequency, and number of refills to be requested was not provided in the clinical documentation. The request for Vicodin is not medically necessary or appropriate.

**PRESCRIPTION FOR INDOCIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC (complete blood count) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Moreover, the dose, frequency, and number of refills to be requested was not provided in the clinical documentation. The request for Indocin is not medically necessary or appropriate.

**PRESCRIPTION FOR LIDODERM PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] antidepressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger

points. Moreover, the dose, frequency, and number of refills to be requested was not provided in the clinical documentation. The request for Lidoderm patches is not medically necessary or appropriate.