MAXIMUS Federal Services

Case Number:	CM14-0151992		
Date Assigned:	09/22/2014	Date of Injury:	03/18/2009
Decision Date:	11/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 Family 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:

This 46-year EMT reported a right shoulder injury after restraining a patient on 3/18/09. A claim for a left shoulder injury is being contested by the claims examiner. The patient had left shoulder and wrist surgery in April 2014 which was performed on a non-industrial basis. Treatment has included physical therapy, shoulder injections, TENS and cognitive behavioral therapy. There are monthly notes in the available records from the patient's primary provider, ranging in date from 3/11/14 to 8/12/14. All of the notes state that the patient has ongoing bilateral shoulder pain, ranging in intensity from 7-9/10. The notes do not include any mention of the patient's functional status or of any functional goals. All of them contain statements that the medications are helping the patient's pain and that he is tolerating them well. None of the notes mentions any complaint of nausea. Intermittent complaints of fatigue and decreased energy are noted. The documentation of physical findings is relatively scanty, but consistently includes decreased shoulder range of motion, which has not changed in the five-month period for which there is documentation. All of the notes document that the patient is taking Norco 10/325, Zofran, Lidoderm patches, and Menthoderm gel. The dose of Norco 10/325 has increased during the documented period from one every 6-8 hours (3-4 per day) to one five times per day. A urine drug screen was performed on 4/10/14, which was negative for hydrocodone and positive for alprazolam. At the time, the patient was purportedly taking Norco, and was not taking alprazolam. These results are not commented on in subsequent progress notes. In addition to the currently contested UR report, there are two reports of non-certification of medications in the records. Norco, Lidoderm, Zofran and Menthoderm were non-certified on 4/25/14. Norco, Lidoderm and Zofran were non-certified on 5/22/14. No mention of the non-certification is made in any of the subsequent progress notes, and all medications were continued as before. The patient's diagnoses include shoulder pain, arthropathy, shoulder bursae and tendon disorder, and

shoulder region disorders. The patient's status is listed as temporarily totally disabled in all progress notes. There is a Future Earning Capacity Evaluation dated 2/27/14 in the records. The Vocational Expert concludes that the patient is quite capable of returning to work, and lists several jobs he could do. However, she states that he could be successfully rehabilitated were it not for his non-industrial personality disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UptoDate, an online, evidence-based review service for clinicians (www.uptodate.com), Ondansetron: Drug information

Decision rationale: According to the UptoDate reference cited above, the medical indications for ondansetron (Zofran) include prevention of nausea and vomiting associated with chemotherapy. It may also be used for prevention of postoperative nausea and vomiting and for severe or refractory hyperemesis gravidarum (Canada only). Common side effects include headache, malaise/fatigue, and constipation. The clinical documentation in this case does not support the use of Zofran. The patient does not have any of the conditions for which it is indicated: he is not receiving chemotherapy, he is not in the immediate post-operative period, and he is certainly not pregnant. The provider has documented no reason for the prescription of ondansetron. Although it is possible that it is opioid-associated nausea, the provider has repeatedly documented that the patient is tolerating his Norco well, and has not documented a complaint of nausea. In addition the provider has occasionally documented that the patient has fatigue and decreased energy. These complaints could be side effects from Zofran.Based on the evidence-based guideline cited above and on the clinical records provided for my review, Zofran 8 mg #30 is not medically necessary. It is not medically necessary because there is no documented medical condition for which its use would be indicated, because in fact there is no documented reason of any sort for its use, and because it may be causing side effects.

Norco 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids Page(s): 60;76-77.

Decision rationale: Norco contains hydrocodone, which is an opioid analgesic. Per the first MTUS citation above, medications should be started individually while other treatments are held

constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. Per the second MTUS citation, opioids should not be started without an evaluation of the patient's current status in terms of pain control and function. An attempt should be made to determine in the patient's pain is nociceptive or neuropathic. (Opioids are not generally considered to be first-line therapy for neuropathic pain.) Red flags indicating that opioid use may not be helpful should be identified, as should risk factors for abuse. Specific goals should be set, and continued use of opioids should be contingent on meeting these goals. Opioids should be discontinued if there is no improvement in function or if there is a decrease in function. The clinical records in this case do not support the continued use of Norco. There is no careful documentation of the patient's risk for opioid abuse. The negative drug screen for hydrocodone and positive screen for alprazolam should have raised concern about both diversion and abuse. There is no documentation of the patient's functional status, of any functional goals or of any functional improvement. The patient remains at totally disabled status despite a vocational expert's opinion that there are multiple jobs he is physically capable of performing. Based on the MTUS Guidelines and the clinical records provided for my review, Norco 10/325 #150 is not medically necessary. It is not medically necessary because there is no documentation of any evaluation of the patient's risk for aberrant drug behavior, because there is documentation that she may actually be engaging in aberrant behavior which the treating physician has not addressed, because no functional goals were set for the use of Norco, and because it should have been stopped when it did result in functional improvement.

Lidocaine/Lidoderm 5% (700 mg) patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain,Topical analgesics,Lidoderm (lidocaine patch) Page(s): 60;112;56-57.

Decision rationale: The first reference cited above states that medications should be started individually while other treatments are held constant, with careful assessment of function. There should be functional improvement with each medication in order to continue it. According to the other MTUS citations above, Lidoderm is indicated for localized neuropathic pain if there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Only FDA-approved products are indicated, and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical lidocaine is not indicated for non-neuropathic pain. Lidoderm patches are only FDA-approved for post-herpetic neuralgia. The clinical findings in this case do not support the use of Lidoderm patches. This patient does not have any documentation of a diagnosis of neuropathic pain or of a trial of first-line therapy for neuropathic pain. There is no documentation of any functional improvement occurring as the result of using this medication. Based on the MTUS citations above and on the clinical records provided for my review, Lidocaine/Lidoderm patches 5% # 30 are not medically necessary. They are not medically necessary because there is no documentation of appropriate indications for their use, and because their use has not resulted in any functional improvement.

Menthoderm gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation WebMD (www.webmd.com)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain,Salicylate topicals Page(s): 60;105.

Decision rationale: Menthoderm contains methyl salicylate and menthol gel. It is similar to Ben Gay. The first guideline cited above states that there should be functional improvement with each medication in order to continue it. According to the topical salicylate guideline above, topical salicylates such as Ben Gay are recommended, and are significantly better than placebo for chronic pain. The salicylate guideline citied above gives support to the use of Menthoderm. However, the clinical findings in this case do not support its ongoing use. This patient has been using this medication for months and perhaps years, and has demonstrated no significant functional improvement. Its use should therefore not be continued according to the first guideline cited. Based on the MTUS citations above and on the clinical information provided for my review, Menthoderm gel 120 gm is not medically indicated, because its ongoing use has resulted in no functional improvement in this patient.