MAXIMUS Federal Services

Case Number:	CM14-0157480		
Date Assigned:	09/30/2014	Date of Injury:	08/17/2002
Decision Date:	11/03/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43 year old female who reported an injury on 08/17/2002 due to a fall. She was diagnosed with Lumbago, pain in the pelvic joint and thigh, sciatica, right shoulder impingement and lumbar radiculopathy. Past treatments included chiropractic care 3 times a week for 1 year, medication, muscle relaxants, physical therapy, injections, heat, ice, and activity modification. Diagnostic testing included an EMG on 06/06/2014, the results of which were not indicated within the provided documentation. The documentation indicated the injured worker previously underwent an MRI of the right shoulder which showed a tear of the supraspinatus and infraspinatus tendons. Surgical history included a subacromial decompression and mumford procedure to the right shoulder on 02/20/2003. On 09/04/2014 the injured worker complained of sharp and aching neck pain, right shoulder pain, and right elbow pain rated 9/10 which radiated to the right shoulder. She stated that the pain medication was helping and her pain level was 5/10 with medication. The injured worker's medication regimen included Hydrocodon-acetaminoph, menthoderm gel, and Norco. Physical examination showed painful range of motion with flexion and abduction. Motor testing was limited by pain. Right shoulder flexor strength was 4/5 on the right and 4/5 on left. Sensory examination showed hyperesthesia over medial forearm and lateral forearm on the right side. The treatment plan included recommendations to schedule the injured worker for a Stellate Ganglion Block, physical therapy, and undergo an MRI of the right shoulder to rule out any structural pathology that might require surgery and to help to establish further recommendations regarding treatment plan. A Request for authorization for Norco 5/325mg quantity 30 and Lidocaine 5% patch quantity sixty was dated 09/05/2014 and a request for authorization for the MRI of the right shoulder was submitted on 09/08/2014. No request for authorization for hydrocodone/Acetaminophen 2.5/325 was submitted in documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Norco 5/325mg is not medically necessary. The injured worker complained of sharp aching neck pain, right shoulder pain, and right elbow pain rated 9/10 without medication and 5/10 with medication. The California MTUS guidelines state that the management of injured worker's using opioid medications should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines specify that an adequate pain assessment should include the current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The documentation submitted for review included routine drug screens which were consistent with the injured workers medication regimen. The documentation submitted for review does provide quantified information regarding pain with and without opioid medications; however, the documentation does not include information indicating the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating whether the injured worker has assessed for aberrant behavior and side effects. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Norco 5/325mg is not medically necessary.

1 prescription of Hydrocodone/Acetaminophen 2.5/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Hydrocodone/Acetaminophen 2.5/325mg is medically necessary. The injured worker complained of sharp aching neck pain, right shoulder pain, and right elbow pain rated 9/10 without medication and 5/10 with medication. The California MTUS guidelines state that the management of injured worker's using opioid medications should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines specify that an adequate pain assessment should

include the current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The documentation submitted for review included routine drug screens which were consistent with the injured workers medication regimen. The documentation submitted for review does provide quantified information regarding pain with and without opioid medications; however, the documentation does not include information indicating the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, and how long pain relief lasts. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating whether the injured worker has assessed for aberrant behavior and side effects. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Hydrocodone/Acetaminophen 2.5/325mg is medically necessary.

1 MRI of the right shoulder without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for MRI of the right shoulder is not medically necessary. The Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The injured worker had tenderness to the acromioclavicular joint. The injured worker has undergone previous conservative treatment without significant improvement. The documentation indicated the injured worker previously underwent an MRI of the right shoulder which showed a tear of the supraspinatus and infraspinatus tendons; however, the official MRI report was not provided within the documentation. There is no evidence upon physical examination that the injured worker has significant functional limitations and positive provocative testing which demonstrate deficit in the rotator cuff. As such, the request for MRI of the right shoulder is not medically necessary.

1 prescription of Lidocaine 5% # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidocaine Page(s): 111-113.

Decision rationale: The request for Lidocaine 5% quantity of 60 is not medically necessary. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines recommend the use of Lidocaine 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend the use of Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which the medication is to be applies in order to determine the necessity of the medication. As such, the request for 1 prescription of Lidocaine 5% # 60 is not medically necessary.