

<b>Case Number:</b>	CM14-0025377		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	03/26/1997
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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 61 year old male who reported an injury to his shoulder, and neck. A clinical note dated 11/08/13 indicated the injured worker complaining of bilateral shoulder pain with associated range of motion deficits. The injured worker also demonstrated strength deficits specifically with abduction, bilaterally. The injured worker utilized Norco, Lidoderm, and Celebrex for pain relief. A clinical note dated 12/06/13 indicated the injured worker describing a burning type pain in the neck and shoulders. The injured worker stated the pain was constant. The injured worker rated the pain 4/10. The procedure note dated 05/23/14 indicated the injured worker undergoing occipital nerve block. The Utilization Review dated 02/18/14 resulted in denials for Lidoderm, Celebrex, and Norco. No information was submitted regarding localized peripheral pain following a trial of first line therapy. Therefore, Lidoderm was not deemed not appropriate. No information was submitted regarding medical necessity for ongoing use of non-steroidal medications. Therefore, the use of Celebrex was not indicated. No information was submitted regarding prolonged use of narcotics. Therefore, the injured worker was recommended for a taper off of Norco of 50% every four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5% PATCH #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch Page(s): 56.

**Decision rationale:** The use of Lidoderm Patches is indicated for injured workers who were identified as having localized peripheral pain after there had been a trial of first line therapy including tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica. No information was submitted regarding previous trials of additional medications. Given this, the request for Lidoderm Patches is not medically necessary.

**CELEBREX 200 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective COX-2 NSAIDS: Celecoxib (Celebrex) Page(s): 70.

**Decision rationale:** The use of non-steroidal medications is indicated for injured workers who have been who have complaints of moderate levels of pain. The injured worker complained of 4/10 pain. However, no information was submitted regarding response to this medication. Therefore, the ongoing use of non-steroidal medications including Celebrex is not fully indicated. The request for Celebrex 200mg #30 is not medically necessary.

**NORCO 10/325 MG #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) Page(s): 91.

**Decision rationale:** The injured worker had previously been recommended for weaning process off of Norco. The injured worker complained of 4/10 pain at the neck and shoulders. However, no information was submitted regarding response to the weaning or to the continued use of opioid therapy including Norco. Given this, the request is not fully indicated and is not medically necessary.