

Case Number:	CM14-0034099		
Date Assigned:	06/20/2014	Date of Injury:	05/16/2013
Decision Date:	08/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/18/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 57-year-old female who sustained a work related injury on 05/06/2013 as a result of an unknown mechanism of injury. Since the injury she has left shoulder and lower back pain. She underwent a left shoulder arthroscopy for rotator cuff repair, subacromial decompression with acromioplasty and intra-articular limited debridement of partial subscapularis tendon tear and synovectomy on December 13, 2013. All of the submitted PR-2 from the primary treating physician document care after the date of the Utilization Review. From then the patient continued to report both left shoulder and lumbar pain that is 5/10 and 7-8/10 on the 1 to 10 pain scale (with it at a near constant 7/10 upon each return visit), respectively with her lumbar pain radiating into her right leg. Her pain is reportedly reduced from 8/10 to 5/10 with medications. On examination, the lumbar spine is documented as having full active range of motion, tenderness to palpation bilaterally with a positive right sided straight leg raise. Her shoulder exam demonstrates tenderness to palpation with limited flexion, abduction and external rotation range of motion with an 'abnormal Apley's Scratch test'. Neurologically strength is documented as 4/5 without delineation of deficit muscle. Her treatments consist of Norco 10/325, Ultram 50mg and Lidoderm patches. She was receiving chiropractic treatments to her lumbar region but reports not receiving any benefit. In dispute is a decision for both Lidoderm patches and Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5 % apply 12 hours on and 12 hours off - lumbar - 30 day supply:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 56-57.

Decision rationale: Lidoderm topically, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin-norepinephrine reuptake inhibitor (SNRI) anti-depressants or an (AED) such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is also used off-label for diabetic neuropathy. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As specifically outlined in the CA MTUS guidelines, Lidoderm patches are FDA approved for use in treatment of patients with post-herpetic neuralgia; a diagnosis not documented for this patient. I did not find within the provided medical documentation any evidence of a trial of either tri-cyclic or SNRI medication. As the guidelines have not been satisfied for authorizing this treatment, I find that it is not warranted and not medically necessary.

Norco # 120 1-2 tablets every 8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 88, 91.

Decision rationale: Short-acting Opioids: also known as normal-release or immediate-release Opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen, (Roxicodone, Roxicet, Percocet, Tylox, Endocet), Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet™; Lorcet, Lortab; Margesic-H, Maxidone™; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available) is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient's notes denote she reports a relatively high level of pain (7/10) from her lumbar region at just about every post Utilization Review PR-2

submitted. Additionally, there is no documentation of functional improvement of any kind. As the patient is not experiencing pain reduction or functional improvement with the use of Norco, the request for Norco is not medically necessary.