

<b>Case Number:</b>	CM14-0035067		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 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:

Patient is a 22 year old female with a date of injury on 3/27/2012. Patient is being treated for cervical and shoulder pain, muscle spasm, and cervical strain. Subjective complaints are of neck pain radiating to her right arm, and right shoulder pain. Physical exam shows loss of normal cervical lordosis, and no limitation in range of motion. There is tenderness over the paracervical and trapezius muscles. Reflexes are 2/4 bilaterally in the upper extremities. Right shoulder exam shows decreased abduction, tenderness over acromioclavicular joint and guarding. Medications include Norco, Ibuprofen, Lidoderm, and Flexeril. Prior conservative treatment includes physical therapy, TENS, trigger point injections, subacromial steroid injection, and acupuncture. Records indicate that medications decrease pain to 5/10 from 7/10, and provide more functionality with activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg QTY:60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. There is documentation showing stability on medication, increased functional ability, and no adverse side effects. The documentation presented shows MTUS opioid compliance guidelines, including urine drug screen, risk assessment, and ongoing efficacy of medication. Given the above the request for Norco 10-325 mg quantity 60 is consistent with guidelines and is medically necessary.

**Ibuprofen 600mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for pain. For this patient, moderate pain is present in multiple anatomical locations that are helped by Ibuprofen on an as needed basis. Therefore, the requested Ibuprofen is medically necessary.

**Lidoderm 5% patch daily Quantity 30:** Upheld

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

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

**Decision rationale:** CA MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or signs and symptoms consistent with neuropathic pain. Furthermore, Lidoderm is only recommended after a trial of a first-line medication such as a tricyclic drug. There is no trial of a first line medication evident in the medical records. Therefore, the medical necessity of Lidoderm patches is not established.