MAXIMUS Federal Services

Case Number:	CM14-0053887		
Date Assigned:	07/07/2014	Date of Injury:	07/22/2008
Decision Date:	09/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/23/2014

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 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:

According to the records made available for review, this is a 53-year-old male with a 7/22/08 date of injury. At the time (4/1/14) of the decision for Phenergan 12.5 mg quantity 30 and Lidoderm patches 5% quantity 30, there is documentation of subjective (left shoulder pain) and objective (decreased range of motion and weakness of left shoulder) findings, current diagnoses (right shoulder labral tear, left shoulder A/C joint degeneration, rotator cuff tear, and impingement), and treatment to date (physical therapy and medications (including ongoing treatment with hydrocodone)). Regarding Phenergan 12.5 mg quantity 30, there is no documentation of recent or pending surgery that has been authorized/certified. Regarding Lidoderm patches 5% quantity 30, there is no documentation that a trial of first-line therapy has failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Phenergan 12.5 mg, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

Decision rationale: MTUS does not address the issue. ODG identifies Phenergan (promethazine) is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Within the medical information available for review, there is documentation of right shoulder labral tear, left shoulder A/C joint degeneration, rotator cuff tear, and impingement. However, despite documentation of pending request for surgery, there is no documentation of a surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for Phenergan 12.5 mg quantity 30 is not medically necessary.

Lidoderm patches 5%, quantity 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of right shoulder labral tear, left shoulder A/C joint degeneration, rotator cuff tear, and impingement. In addition, there is documentation of neuropathic pain. However, there is no documentation that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm patches 5% quantity 30 is not medically necessary.