

Case Number:	CM14-0071355		
Date Assigned:	07/14/2014	Date of Injury:	04/24/2010
Decision Date:	10/02/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 54 year old male who reported an injury on 04/24/2010. Mechanism of injury was not provided. The diagnosis is left shoulder pain. The past treatment included medications, pool therapy, and a work hardening program. The injured worker underwent left shoulder sub-acromial decompression surgery, rotator cuff repair, and labral debridement on 10/06/2011. The injured worker complained of pain to the left shoulder when lifting his arm above his head on 03/19/2014. The physical examination revealed positive Neer's and Hawkin's tests. There was evidence of mild tenderness upon palpation, discomfort at the end range of motion, and positive impingement signs. Medications included Nabumetone. The treatment plan was for Nabumetone 750mg, take 1 tablet (750mg), by mouth (po), #60, and Lidocaine 5%, (700mg/patch), apply 1 patch, transdermal route, everyday(OD), #30. The rationale for the request was not submitted. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg, take 1 tablet (750 mg), by mouth (PO), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nabumetone: non-selective NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is a lack of documentation indicating the injured worker has been diagnosed with osteoarthritis. There is a lack of documentation of a measured assessment of the injured worker's pain level. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

Lidocaine 5% (percent), (700 mg/Patch), apply 1 patch, transdermal route, everyday (OD), #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch); NSAIDs (Non-steroidal anti-inflammatory).

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

Decision rationale: MTUS Guidelines state that Lidoderm may be recommended 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). The guidelines note Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. There is a lack of documentation indicating the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of post-herpetic neuralgia. There is a lack of documentation demonstrating why the injured worker would require a topical patch versus oral medication. Given the above, the request is not medically necessary.