

<b>Case Number:</b>	CM14-0077046		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 and is licensed to practice in Illinois. 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 56-year-old female who reported injury on 07/07/2010. The mechanism of injury was the injured worker was a labor and delivery nurse and an unborn baby's heart rate was concerning to the injured worker. The injured worker ran for help but the situation was emergent and the injured worker had to immediately move the mother up and to her left side in an attempt to stabilize the baby's condition. Due to the emergency situation, the injured worker pulled up on the sheet by herself to move the mother and as she pulled she felt a sharp pain in the back of her neck and right shoulder area. The injured worker was noted to have multiple surgical interventions including 3 right shoulder surgeries and a Cervical disc surgery. The injured worker was noted to undergo an EMG/NCV. The injured worker underwent an MRI arthrogram of the right shoulder on 12/03/2013 and 2 MRIs of the cervical spine. The injured worker was noted to have epidural steroid injections. The injured worker underwent a total disc arthroplasty at C4 through C5 and C5-6 in 05/2011. The injured worker's medications were noted to include Norco 10/325 mg twice a day, Anaprox DS 550 mg twice a day, Prilosec 20 mg twice a day and Valium 2 mg at bedtime as needed as well as a Lidoderm patch daily as of 03/2014. Prior therapies included physical therapy and epidural steroid injections. The documentation of 04/23/2014 revealed the injured worker continued to have severe and debilitating pain in her right shoulder. The injured worker was noted to remain on her oral analgesics including Norco 10/325 mg twice a day, Anaprox DS 550 mg twice a day and Prilosec 20 mg twice a day for medication induced gastritis symptoms. The diagnoses were noted to include status post C4-5, C6-7 total disc replacement, and status post right rotator cuff times 3 with the last surgery being in 06/2013. The treatment plan included a lateral subacromial bursa injection and prescriptions including Norco 10/325 mg twice a day #60, Anaprox DS 550 mg twice a day #60, Prilosec 20

mg twice a day and it was indicated the injured worker had refills of Valium 2 mg and Lidoderm patches. There was no Request for Authorization submitted to support the request.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted indicated the injured worker had utilized the medication since at least 03/2014, as no previous notes were sent to establish the duration of use. There was a lack of documentation of objective functional benefit, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg quantity 60 is not medically necessary.

**Anaprox DS 550mg Qty 60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend NSAIDS for the short term treatment of acute pain. The duration of use could not be established past 1 month. There was a lack of documentation of objective functional benefit. It was documented the injured worker had utilized the medication previously. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Anaprox DS 550 mg quantity 60 is not medically necessary.

**Prilosec 20mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gastroesophageal reflux disease ( GERD).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for dyspepsia. However, the documentation of efficacy was not provided. Additionally, there was an inability to establish the duration of use. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

**Valium 2mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend benzodiazepines as there is a high risk of psychological and physiological dependence. The duration of use should not exceed 3 weeks. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication. The duration of use could not be established; however, it was indicated the injured worker had 2 refills on her medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Valium 2 mg quantity 30 is not medically necessary.

**Lidoderm 5% patch Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

**Decision rationale:** The California MTUS guidelines indicate that topical lidocaine (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 or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. The objective functional

benefit that was received was not documented. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm 5% patch quantity 30 is not medically necessary.