

Case Number:	CM14-0077491		
Date Assigned:	07/18/2014	Date of Injury:	11/07/2008
Decision Date:	09/11/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	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 Emergency Medicine, 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:

The injured worker is a 66 year-old female, who sustained an injury on November 7, 2008. The mechanism of injury is not noted. Pertinent diagnostics are not noted. Treatments have included: medications, 2011 right shoulder arthroscopy, May 1, 2014 right shoulder injection. The current diagnoses are: rotator cuff tendonitis, impingement syndrome, s/p right shoulder arthroscopy. The stated purpose of the request for Lidoderm patches, 30 day supply with 3 refills was not noted. The request for Lidoderm patches, 30 day supply with 3 refills was denied on May 19, 2014, citing a lack of documentation of first-line therapy trials. The stated purpose of the request for Norco 5/325mg, QTY: 40 were not noted. The request for Norco 5/325mg, QTY: 40 were denied on May 19, 2014, citing a lack of documentation of pain relief, functional status and side effects. Per the report dated May 1, 2014, the treating physician noted complaints of persistent right shoulder pain, as well as popping and clicking. Exam findings included full cervical range of motion with a negative Spurling's sign, right shoulder positive Hawkin's sign with normal muscle strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, 30 day supply with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication Page(s): 111-112.

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

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine 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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has persistent right shoulder pain, as well as popping and clicking. The treating physician has documented full cervical range of motion with a negative Spurling's sign, right shoulder positive Hawkin's sign with normal muscle strength. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm patches, 30 day supply with 3 refills is not medically necessary.

Norco 5/325mg, QTY: 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management, Opioids, Weaning of Medications Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has persistent right shoulder pain, as well as popping and clicking. The treating physician has documented full cervical range of motion with a negative Spurling's sign, right shoulder positive Hawkin's sign with normal muscle strength. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg, QTY: 40 is not medically necessary.