

<b>Case Number:</b>	CM14-0084521		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	01/12/2000
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Neurology, and is licensed to practice in New Jersey. 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 patient is a 48-year-old woman who sustained a work-related injury on January 12, 2000. Subsequently, the patient developed chronic neck, shoulders, and back pain. The patient underwent an arthroscopic subacromial decompression on March 11, 2014. According to a progress report dated March 6, 2014, the patient reported improved shoulder pain after surgery but continued having neck pain and tightness in the right shoulder. Her physical examination revealed healed right shoulder arthroscopic portals with reduced range of motion. The patient was diagnosed with lumbar spine degenerative disc disease at L3-4 and L5-S1, cervical spine degenerative disc disease at C6-7, right elbow lateral epicondylitis, left shoulder subacromial impingement, status post bilateral carpal tunnel release, left elbow, status post lateral epicondylectomy, ulnar neuropathy of the right elbow, right and left knee sprain/strain, and symptoms of anxiety and depression. The patient was treated with physical therapy, HEP, psychotherapy, and medications (Norco, Motrin, Prevacid, Tramadol, Zanaflex, Soma). The provider requested authorization to use Lidoderm patches, Soma, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg Qty: 60 no refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) << Criteria for use of opioids, page(s) 179.

**Decision rationale:** (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation that the patient has pain and functional improvement with previous use of opioids. There is no documentation of quality of life improvement with Percocet use. There is no documentation that Percocet is prescribed from a single prescriber and that the lowest possible dose was used. There is no continuous documentation of compliance, side effect or use/nonuse of illicit drugs. Therefore, the prescription of Percocet 5/325 mg is not medically necessary.

**Soma 350mg Qty: 60 no refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines < SOMA Page(s): 29.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. According to the provided file, the patient was prescribed Soma for several months without clear evidence of spasm or exacerbation of back pain. There is no justification for prolonged use of Soma. The request for soma is not medically necessary.

**Lidoderm patches 5% Qty: 60 no refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. In this case, there is no documentation that the

patient developed neuropathic pain that did not respond for first line therapy and the need for Lidoderm patch is unclear. According to the patient records, there is no documentation of neuropathic pain. Therefore, the prescription of Lidoderm patches is not medically necessary.