MAXIMUS Federal Services

Case Number:	CM14-0186937		
Date Assigned:	11/17/2014	Date of Injury:	06/01/2012
Decision Date:	03/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 physician's visit dated September 9, 2014 reflected that the worker was experiencing right shoulder pain, that was described as aching, stabbing and throbbing and radiated to the neck. Associated symptoms included fatigue, sleep disturbance, cold intolerance, right joint stiffness, loss of motor control in the upper extremities and numbness in the right upper extremity. The worker was also having symptoms of depression, anxiety and a feeling of being stressed and burnt out. Physical exam was remarkable for left mid-scapular area tender to touch with no trigger points identified. Diagnoses included shoulder pain, cervical radiculitis, and degeneration of cervical intervertebral disc, disorder of bursa of the shoulder region, psychological disorder and disorder of rotator cuff. At the time of this visit the worker had been enrolled in a functional restoration program. During this therapy she experienced increased pain levels due to some pushing/pulling in the physical therapy room which resulted in an emergency department and morphine was administered which relieved pain, at this point the worker requested that this therapy be put on hold during this flare-up. Plan of treatment at this visit included prescriptions for Lyrica, Norco and Flexeril. In the physician's documentation from September 30, 2014 the worker was reported to be set up for an orthopedic consult due to increased diffuse pain and spasm throughout the right shoulder girdle, the increased pain was said to have started while she was in rehab with a functional rehabilitation program. At this visit, pain was reported to be reduced by 30-40 percent for several hours with Norco but only with taking the medication four to five times per day. Physical exam at this visit was remarkable for flat affect, forward flexed body posture, pain and tenderness in the right shoulder with flexion and extension reduced,

ambulation was guarded and the worker was reported to frequently change positions to reduce pain. Medications requested at this visit included Flector patches, Lidoderm patches and Norco. The utilization review decision dated October 8, 2014 non-certified the request for Lidoderm five percent 700mg patches, 60 count with three refills, Norco 7.5mg/325mg, 100 count and Flector 1.3 percent transdermal patch, 60 count with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% 700mg patch, #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112. Decision based on Non-MTUS Citation Pain, Lidoderm patches

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. Criteria for use of Lidoderm patches: a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology.(b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned (f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks).(g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this case there is no documentation that the patient has failed trial with antidepressants. In addition there documentation in the medical record does

not support that the medication is effective. Criteria for use of lidoderm patches have not been met. The request should not be authorized.

Norco 7.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been using opioid medication since at least May 2014 and Norco since at least September 2014. The patient has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

Flector 1.3% transdermal patch, #60 x 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Flector patch

Decision rationale: Flector , the topical NSAID diclofenac, is not recommended as a first-line treatment. Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Postmarketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients

receiving long-term therapy with diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks. In this case the patient has been using topical diclofenac since at least May 2014 and has not obtained analgesia. In addition topical diclofenac is indicated for osteoarthritis. The patient is not suffering from this condition. Medical necessity has not been established. The request should not be authorized.