

Case Number:	CM14-0205211		
Date Assigned:	12/17/2014	Date of Injury:	03/01/2009
Decision Date:	02/10/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 71 year old male with a work injury dated 3/1/09. The diagnoses include status post two surgeries on the right shoulder with residual pain. Under consideration is a request for a Lidoderm patch 5% and Percocet 5/325mg. There is a progress note dated 10/17/14 that states that the patient has right shoulder pain. During the past month he had a flare up of right shoulder pain for which he took Percocet which gave him good relief. He states that his current pain is 1/10 but can go up to 8-9/10. He states that for the last month he used just six Percocet and obtained good relief. At this time he does not need a refill of Percocet. The physical exam revealed the patient to be in no acute distress and answering questions appropriately. There is tenderness over the superior border of the trapezius muscle, mainly on the right side. He has tenderness over the acromioclavicular joint on the right. The treatment plan states that he takes over the counter medications for mild to moderate pain. He takes Percocet once a day for severe pain. In August the treating physician gave him a prescription for Percocet 5mg, 30 tablets. He states that he used only six tablets. The physician states that he will give him a refill for when he needs it. For localized relief he will start the patient on Lidocaine patch over painful area. An 8/22/14 document states that the patient was given a prescription for Percocet 5/325 mg once daily for severe pain. A progress note dated 9/2/14 indicates that the patient had a reinjury of his right shoulder in September 2013. He is permanent and stationary since 8/91/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Lidoderm Patch 5% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug 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. The documentation does not indicate failure of first line therapy for peripheral pain. The documentation does not indicate a diagnosis of post herpetic neuralgia. Additionally, the request as written does not indicate a quantity. For these reasons, the request for Lidoderm Patch 5% is not medically necessary.

Percocet 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

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

Decision rationale: Percocet 5/325mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on Percocet since August of 2014 without documentation of significant functional improvement. Additionally, the request as written does not indicate a quantity. For these reasons, the request for Percocet 5/325mg is not medically necessary.