

Case Number:	CM14-0207117		
Date Assigned:	12/19/2014	Date of Injury:	01/28/2010
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Florida. 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 64-year-old female with a date of injury of 1/28/2010. The mechanism of injury was described as heavy lifting while attempting to move and transfer a 450 lb patient. She sustained right-sided neck pain, shoulder pain, and arm pain as a result. A 3/10/2010 MRI demonstrated a full thickness anterior supraspinatus tear, reactive bursitis, biceps tendinosis, and adhesive capsulitis. On 8/20/2010 she underwent a right shoulder arthroscopy, decompression, and debridement of a frayed labrum and an arthroscopic rotator cuff repair. In 10/2014 she underwent a right carpal tunnel and ulnar nerve release. Additional prior treatment has included physical therapy, cervical epidural injection, and medications. Her diagnoses include: degenerative cervical spondylosis, myofascial pain syndrome, chronic right shoulder pain with osteoarthritis, and chronic pain disorder. A utilization review physician did not certify requests for Vicodin, Gabapentin, Lunesta, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/325, 100 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for Therapeutic Trial of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Also, it is noted in her past medical history that this patient has a "liver disorder." The records do not further elaborate, but it should be noted that this medication does contain acetaminophen. Therefore, the request for Vicodin 100 tablets with 2 refills is not medically necessary.

Gabapentin 300 mg, 120 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Page(s): 18.

Decision rationale: MTUS Guidelines state regarding Gabapentin, "Gabapentin (Neurontin , GabaroneTM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, there is no documentation of Neuropathic pain. This medication has been recommended for weaning by utilization review more than once. Likewise, the request for Gabapentin is not medically necessary.

Lunesta 2 mg, thirty count with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs Ther., 2005 Feb 28;47 (1203): 17-9.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sleep Aids, Lunesta

Decision rationale: The California MTUS guidelines are silent regarding the issue of sleep aids. Therefore, the ODG was referenced. The ODG specifically states regarding Lunesta that this medication is not recommended for long term use. This patient has been on this medication for longer than 6 months, and likewise, weaning has now been appropriately recommended. Therefore, the request for Lunesta is not medically necessary.

Lidoderm patches, sixty count with two refills: 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, Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on and failed any of these recommended first line treatments. It is noted that she was previously been prescribed Neurontin, but there is no documented evidence that she failed this medication. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the request for Lidoderm Patches are not medically necessary.