

Case Number:	CM15-0143184		
Date Assigned:	08/04/2015	Date of Injury:	10/12/2009
Decision Date:	09/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female injured worker suffered an industrial injury on 10-12-2009. The diagnoses included chronic right shoulder sprain, probable right frozen shoulder, chronic right shoulder pain, chronic right wrist sprain, chronic right neuropathic pain of the right upper extremity with probable chronic regional pain syndrome, chronic coccygeal pain, and post-traumatic anxiety and depression. The treatment included. On 6-9-2015, the treating provider reported pain in the neck and both shoulders; upper and lower back pain, right elbow, and hand and forearm pain. On exam, she was using a cane for mobility, tenderness of the left elbow, lower leg and left knee. There was right wrist and elbow. There was tenderness to the cervical, thoracic and lumbar spine. There was right upper arm and rotator cuff tenderness. He reported there was no aberrant drug behavior and an opiate contract was in place. The injured worker had returned to work. The requested treatments included Norco and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, 120 count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with bilateral elbow, left leg, bilateral shoulder, right arm and low back pain. The current request is for Norco 5/325 mg, 120 counts. The treating physician's report dated 06/09/2015 shows a pain disability index score of 9/10 without medications and 7/10 with medications for family, home and recreation. Social activities scored 8/10 without medication and 6/10 with medication. Occupation scored 9/10 without medication and 7/10 with medications. Self-care if 9/10 without meds and 6/10 with meds. Life support activities scored 8/10 with and without medication use. In this same report, the physician has noted, "Pain relief and improved functioning from Norco taken for pain." The patient is not having significant side effects and has increased physical and psychosocial functioning because of taking this opiate. There is no evidence of any abnormal behavior or non-compliance with medications as well as aberrant drug seeking behavior noted. The patient has also signed a pain management agreement. She is currently not working. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In this case, the physician has documented the necessary criteria including the 4As as required by the MTUS Guidelines for continued use of this opiate. The current request is medically necessary.

Lidoderm patch 5%, ninety count with three refills: Upheld

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

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

Decision rationale: The patient presents with bilateral elbow, left leg, bilateral shoulder, right arm and low back pain. The current request is for Lidoderm patch 5%, 90 counts with 3 refills. The MTUS guidelines page 57 states, "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)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches be indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records show that the patient was prescribed Lidoderm prior to 05/27/2014. None of the reports document a positive response or improvement while utilizing Lidoderm patches. More importantly, the patient does not present with peripheral, localized neuropathic pain for which Lidoderm patches are indicated. The current request is not medically necessary.