

Case Number:	CM15-0206488		
Date Assigned:	10/23/2015	Date of Injury:	09/30/2005
Decision Date:	12/09/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 injured worker is a 52 year old male, who sustained an industrial injury on 9-30-05. He reported shoulder and back pain. The injured worker was diagnosed as having bilateral elbow pain, left shoulder pain, bilateral wrist pain, gastritis, gastroesophageal reflux disorder, iatrogenic opioid dependency, medication related dyspepsia, NSAID intolerance, and status post left shoulder surgery x2. Treatment to date has included TENS, a hot-cold therapy unit, physical therapy, acupuncture, chiropractic treatment, shoulder injections, and medication including Lidoderm 5% patches and Tylenol No. 3. On 9-14-15 the treating physician noted "the patient reports ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep, and sex." On 9-14-15 physical examination findings included cervical tenderness with palpation in the C5-7 paravertebral area. Cervical range of motion was limited. Tenderness was noted with palpation of the left rotator cuff and left anterior shoulder. Left shoulder range of motion was decreased. Decreased sensation in bilateral hands and decreased strength in the left upper extremity was noted. On 8- 17-15 pain was rated as 6-7 of 10 with medications and 9-10 of 10 without medications. On 9- 14-15 pain was rated as 6 of 10 with medication and without medication. The injured worker had been taking Tylenol No. 3 and using Lidoderm patches since at least March 2015. On 9-14- 15, the injured worker complained of neck pain with radiation to bilateral upper extremities with numbness and low back pain with radiation to bilateral lower extremities. On 10-7-15 the treating physician requested authorization for Lidoderm 5% patches #30 and Tylenol No. 3 #60. On 10-16-15 the request for Tylenol No. 3 #60 was modified to certify a quantity of 30. The request for Lidoderm patches was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical lidocaine is "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." The MTUS also states "further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, it is not clear from the record where the lidoderm patch is being applied. It is also not clear that this worker has peripheral neuropathic pain. The record states he has pain in the neck radiating into the upper extremities and pain in the back radiating into the lower extremities. This pain pattern would suggest neuropathic pain of central origin, not peripheral. He did have a nerve conduction study which demonstrated mild motor and sensory ulnar neuropathy but the record does not state that he has neuropathic pain in association with this or that the lidoderm is being applied for this. The request is not medically necessary.

Tylenol No 3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the 9/14/2015 progress report, this worker has 6/10 pain with medications and 6/10 pain without medications. His pain was reported as worse since his last visit. Decreased pain and improved function were reported in response to TENS, H2 blocker, opioid pain medication, and cold/heat therapy unit. According to the MTUS guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the record indicates no improvement in pain in

response to opioid use and there is insufficient evidence to indicate that there is any improvement in function specifically in response to opioid use. The request is not medically necessary.