MAXIMUS Federal Services

Case Number:	CM15-0030854		
Date Assigned:	02/24/2015	Date of Injury:	05/01/2008
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 47 year old female with an industrial injury dated May 1, 2008. The injured worker diagnoses include cervical pain, elbow pain, and shoulder pain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/4/2014, the injured worker reported right upper extremity pain. The treating provider noted restricted range of motion of the cervical spine, paracervical muscle tenderness, and a trigger point with radiating pain and twitch response on palpitation at the right trapezius muscle. Documentation also noted tenderness to palpitation in the subdeltoid bursa. Hawkin's test and Neer test were both positive. In a progress note dated 1/14/2015, documentation noted the injured worker was week 2 of functional restoration. The treating physician prescribed Lidoderm (Lidocaine Patch 5%) X30 for topical pain and Norco 10/325mg, one daily #30. Utilization Review determination on January 23, 2015 denied the request for Lidoderm (Lidocaine Patch 5%) X30 and Norco 10/325mg, one daily #30, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30, apply 12 hours daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 1-127, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #30 apply 12 hours a day is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (No more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are spasm of muscle; pain disorder with both psychological factors and an orthopedic condition; cervical pain; elbow pain; and shoulder pain. There are no subjective or objective clinical findings indicative of neuropathic signs or symptoms. The objective section of the progress note dated December 4, 2014 does not contain a neurologic examination. The diagnoses do not reflect a neuropathic etiology. Lidoderm is indicated for localized pain consistent with a neuropathic etiology. There is no evidence of a neuropathic etiology. Consequently, absent clinical documentation with subjective and objective clinical findings compatible with a neuropathic etiology, Lidoderm patch 5% #30 apply 12 hours a day is not medically necessary.

Norco 10/325mg #30, once daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one pill daily #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest

possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are spasm of muscle; pain disorder with both psychological factors and an orthopedic condition; cervical pain; elbow pain; and shoulder pain. The earliest progress note in the medical record is dated September 8, 2014. There are no medications listed in the medical record. QME performed July 2014 reflects the injured worker was using Vicodin with little relief. A progress note dated December 4, 2014 lists the injured worker's medications for the first time. The orthopedic medications are Lidoderm, Norco and Zanaflex. The pain level remains unchanged from the prior visit. A urine drug screen was performed that was negative for Norco (injured worker was taking Norco and was listed on the UDS as a prescribed medication). The treating physician did not address the inconsistency; however, the treating physician refilled Norco despite the inconsistency. A progress note dated January 14, 2015 shows the treating provider refilled Norco again without addressing the inconsistent UDS from December 2014. There is no documentation with objective functional improvement. There are no detailed pain assessments and no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement, and inconsistent urine drug screen and consistent Norco refills, Norco 10/325 mg one pill daily #30 is not medically necessary.