

<b>Case Number:</b>	CM15-0082882		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: 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 female, who sustained an industrial injury on 7/6/12. She reported right shoulder pain. The injured worker was diagnosed as having right rotator cuff dysfunction, headache, myofascial pain, medical comorbidities, and history of coronary artery disease post myocardial infarction. Treatment to date has included a right rotator cuff repair on 7/25/13, a Toradol injection, and medications. A physician's report dated 12/8/14 noted pain was rated as 10/10. A physician's report dated 1/27/14 noted Norco, Gabapentin, and Lidoderm patches were prescribed. A physician's report dated 1/7/15 noted pain was 10/10 without medications and pain with medication was 6/10. Currently, the injured worker complains of right sided shoulder pain and headaches. The treating physician requested authorization for Lidoderm patches #30, Celebrex 100mg #60, Gabapentin 100mg #180, Norco 10/325mg #60, Naproxen 500mg #60, and Lidocaine 6%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patches Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker complains of right shoulder pain. Physician reports fail to demonstrate supporting evidence of significant improvement in level of function to justify continued use of Lidoderm patch. The request for Lidoderm Patches Qty 30 is not medically necessary by lack of meeting MTUS criteria.

**Celebrex 100 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the anti-platelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. The injured worker complains of right shoulder pain. Documentation fails to show that the injured worker has history of significant gastrointestinal events. Being that MTUS guidelines have not been met, the request for Celebrex 100 mg Qty 60 is not medically necessary.

**Gabapentin 100 mg, Qty 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of right shoulder pain. Documentation fails to show significant improvement in level of function to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 100 mg, Qty

180 s not medically necessary by MTUS.

**Norco 10/325 mg, Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of right shoulder pain. Documentation fails to demonstrate adequate improvement in level of function, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325 mg, Qty 60 is not medically necessary.

**Naproxen 500 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant improvement in level of function on current medication regimen. With MTUS guidelines not being met, the request for Naproxen 500 mg Qty 60 is not medically necessary.

**Lidocaine 6%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS recommends for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Other than the dermal patch (Lidoderm), no other commercially approved topical formulation of lidocaine, including creams, lotions or gels, are indicated for the treatment of neuropathic pain. These forms of Lidocaine are generally indicated as local anesthetics and anti-pruritics. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lidocaine 6% is not medically necessary.