

Case Number:	CM14-0006282		
Date Assigned:	03/03/2014	Date of Injury:	02/25/2013
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 56 year old male who was injured on 02/25/2013 when he had a slip and fall. Prior treatment history has included Norco 10-325 mg, Senna-S, and LidoPro cream. There was mention of the need for the Senna-s due to constipation complaints and the LidoPro cream to help decrease the intake of opioids. A PR-2 dated 10/24/2013 documented the patient with complaints of ongoing neck and back pain. He has had persistent pain complaints that are unchanged. He does have difficulty sleeping at night due to his pain complaints. His current medications include Norco three to five times a day, which helps decrease his pain and allows him to work, cook and clean. He reports that he is not using Flexeril due to a lack of relief. Elavil 25 mg once a night improves his sleep and Senna helps prevent constipation. He denies any other side effects to medications. He does report some depression and anxiety and states he has not been evaluated for this. He reports night sweats which relate to his pain level and denies weight loss. Objective findings on examination reveal tenderness to palpations of the cervical spine midline as well as left trapezius spasm noted. Range of motion of the cervical spine is decreased in all phases. There is decreased sensation in left C5, C6 and C7 dermatomes. Motor exam: 4+/5 left deltoids, biceps, internal and external rotators, wrist extensors and flexors. Motor exam 4+/5 left EHL, the remainder is 5/5. Spurling test on the left reproduces pain in the neck. A PR-2 dated 12/04/2013 documented the patient received an injection at his last visit which only improved the shoulder approximately 25%. It did, however, reveal that he had more neck and back pain than he realized. He states that the shoulder is significantly worse than the elbow and he would like to pursue treatment on the shoulder prior to proceeding with treatment on the elbow. The elbow continues to have numbness and tingling into the ring and small finger with no localized pain at the elbow itself. Objective findings on examination of the left shoulder reveal no swelling, deformity or lesion. There are no abrasions of the skin, laceration or breakdown. There

is no erythema, ecchymosis or discoloration. AROM and PROM flexion 180 degrees, extension 60 degrees, abduction 180 degrees, external rotation 45 degrees, external rotation ER 90 degrees and internal rotation 70 degrees. Pain scale is 6/10. There is positive tenderness to palpation at biceps, AC joint and acromion. There is no pain with range of motion. The joint is stable and tracks well with ROM. There is no instability with manipulation or weight bearing. Impingement test is positive. Strength is 5/5 interossei, Thenar, ECR, biceps and deltoids. There is decreased sensation in the ulnar nerve distribution of the hand. The patient is able to determine two point discrimination. DTRs 2+ biceps, brachioradialis and triceps. The left elbow examination reveals no swelling, deformity or effusion. AROM flexion 120 degrees, extension 20 degrees, pronation 70 degrees, supination 85 degrees. Pain scale is 1/10. There is no tenderness to palpation on any ligament. Tendon or bone structures. There is no pain with ROM. Strength is 5/5/ Sensation is normal to radial median, ulnar and axillary nerves.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 105, 112-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include a lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. Lidocaine based creams are generally recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (TCA, SNRI or AED). Other applications are considered experimental / investigational / unproven. There is little to no clinical evidence of neuropathic pain in this case. The medical records do not document that this patient has failed a trial of first line therapy of tricyclic or SNRI anti-depressants or an AED such as Gabapentin. Based on the MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.

HYDROCODONE/APAP 10/325MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page(s): 75-91.

Decision rationale: The MTUS Chronic Pain Guidelines states Hydrocodone/Acetaminophen (Norco®) is indicated for moderate to moderately severe pain, with documented functional benefit. Short-acting opioids are often used for intermittent or breakthrough pain, and there is little to no evidence of long term benefit or improvement in function with chronic use. The progress reports do not reflect any significant improvement in pain level (i.e. based on the pain score) or function in this patient. The guidelines do not support continuing opioid therapy in the absence of benefit with use. Furthermore, the patient is noted to have erectile dysfunction, as an opioid side effect. Consequently, the request is not medically necessary and appropriate.

SENN - S: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS-INDUCED CONSTIPATION TREATMENT:, 77

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Medical records provided for review indicate Senna was indicated for opioid-induced constipation. Since the ongoing opioid treatment is not supported, there would be no need for continued Senna-S use. As such, the request is not medically necessary and appropriate.