

<b>Case Number:</b>	CM14-0105353		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/01/1992
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational Medicine 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:

This is a 60-year-old female with a 7/1/92 date of injury. The mechanism of injury occurred from repetitive motion doing her job duties. According to a handwritten and partially illegible progress report dated 6/19/14, the patient was post-op right shoulder arthroscopy on 6/11/14. She complained of right shoulder soreness and bruising. Her range of motion was improving slowly. Objective findings: "OK" range of motion of right shoulder, right shoulder incisions present, ecchymosis. Diagnostic impression: bilateral shoulder impingement syndrome, labral tear, cervical spine condition. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 6/30/14 denied the requests for Lidocaine pad and modified the request for Hydrocodone/APAP 5/325mg from 60 to 15 tablets for weaning purposes. Regarding the Lidocaine pad, there was no indication the claimant has neuropathic pain and has tried and failed other medications. Regarding Hydrocodone/APAP 5/325mg, there was no documentation of subjective or objective benefit from use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine PAD 5% day supply: 30 QTY: 30 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Page 71: Topical Compounding Medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm

**Decision rationale:** CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day). However, the documentation provided does not include this information. In addition, there is no documentation that this patient has a neuropathic component to her pain. There is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Furthermore, there is no documentation that the patient is unable to take oral medications. Therefore, the request for Lidocaine PAD 5% day supply: 30 QTY: 30 refills is not medically necessary.

**Hydrocodone/APAP TAB 5-325 mg, Day Supply: 15 QTY: 60 with 0 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Criteria for use of Opioids: Therapeutic Trial of Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 1992 date of injury, over 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Hydrocodone/APAP TAB 5-325 mg, day supply: 15 qty: 60 with 0 refills is not medically necessary.