

Case Number:	CM14-0122603		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2010
Decision Date:	10/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 Emergency 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:

Patient with reported date of injury on 2/22/2010. No mechanism of injury was provided for review. Patient has a diagnosis of Complex Regional Pain Syndrome, type 2 of upper limb, Enthesopathy of elbow and shoulder pain. Patient is post R shoulder surgery(no date was noted).Medical reports reviewed. Last report available until 7/2/14. Patient complains of hypersensitivity to L shoulder and upper chest along with L shoulder and L elbow hypersensitivity. Feels hot and alternates with cold. Noted increasing sweatiness. Had received T2-3 sympathetic ganglion block(5/2/14) and L upper extremity symptoms improved by 50%.Objective exam reveals normal cervical spine exam. Shoulder exam of R side reveals normal exam with noted tenderness to supraspinatus and infraspinatus. Hypersensitive to light touch. L shoulder exam reveals tenderness to infraspinatus, supraspinatus and teres minor. Neer's, Obrien's, Speed's and other special test were negative. Range of motion of bilateral shoulders are normal. Strength is normal. Neurological exam is normal. R lateral elbow has hypersensitivity and mildly decrease range of motion.No advance imaging or electrodiagnostic reports were provided for review.Complete medication list was not provided. Noted to be on Lidoderm, Zolpidem and Norco. No other medications were noted.Urine Drug Screen(4/4/14) was positive for hydrocodone and hydromorphone. It was also positive Meprobamate, Oxazepam and Temazepam.Patient has a history of R stellate sympathetic ganglion block x3. Used TENS.Independent Medical Review is for Hydrocodone/Acetaminophen 5/325mg #90 with 1 refill, Zolpidem 10mg #30 with 1refill and Lidoderm 5% #30.Prior UR on 7/3/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone5mg/Acetaminophen 325mg #90 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no noted improvement in function with medications or improvement in pain. There is no documentation of proper assessment for abuse or a pain contract. Pt has Urine Drug Screen with inappropriate substances that is not noted by provider. Of note, hydrocodone is now a schedule 2 drug as per DEA and refills are no longer allowed. Documentation does not support continued use of opioids. Norco is not medically necessary.

Zolpidem 10mg #30 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain>, <Insomnia>

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of zolpidem of insomnia due to pain. Zolpidem is a benzodiazepine used for insomnia. As per ODG, zolpidem is recommended only for short term use of less than 7-10days. If insomnia does not improve, other underlying problems including physical or psychiatric should be managed. Pt is already on zolpidem and as per reports, pt appears to have been on it for many months. There is no documentation of the effectiveness of zolpidem on this patient and there is no documentation of side effects or if the use of this medication is chronic or intermittent. Chronic use is not appropriate and the prescription is excessive for short term use or tapering. The prescription for zolpidem is not appropriate and is not medically recommended.

Lidoderm patch 5% 700mg/patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. there is poor evidence to support its use in other neuropathic pain conditions . Patient does not have diagnoses that supports use of Lidoderm. Lidoderm patches are not medically necessary.