

<b>Case Number:</b>	CM14-0124827		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 has a subspecialty in Interventional Spine 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 52 year old female with an injury date of 03/17/09. Based on the 05/28/14 progress report provided by [REDACTED] the patient complains of neck and bilateral shoulder pain. Physical examination to the cervical spine reveals slight to moderate pain and tenderness over the right C5-C6 levels. Range of motion is complete in all planes, however flexion and rotation cause straining. Examination of the bilateral upper extremities reveals positive right Cozen's sign. Her medications include Vicodin, Norco and Lidocaine topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 5/325mg take one two times a day #60 dos 5/28/14):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter When to discontinue opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with neck and bilateral shoulder pain. The request is for retrospective request for Norco 5/325mg take one two times a day #60 dos 05/28/14. Diagnosis dated 05/28/14 includes myofasciitis, bilateral TFFC tear, cervical strain and right lateral epicondylitis. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the physician has not stated how Norco reduces pain and enables patient to undergo activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, The retrospective request for Norco 5/325mg take one two times a day #60 (DOS: 5/28/14) is not medically necessary and appropriate.

**Retrospective request for Lidocaine topical 3%, #1 (DOS 5/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** Patient presents with neck and bilateral shoulder pain. The request is for retrospective request for Lidocaine topical 3%, #1 (DOS 05/28/14). Diagnosis dated 05/28/14 includes myofasciitis, bilateral TFFC tear, cervical strain and right lateral epicondylitis. The MTUS has the following regarding topical creams (p111, chronic pain section): " Lidocaine Indication: Neuropathic pain. 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The retrospectively requested Lidocaine topical is not indicated by MTUS, except in dermal patch formulation. Therefore, the retrospective request for Lidocaine topical 3%, #1 (DOS 5/28/14) is not medically necessary and appropriate.