

<b>Case Number:</b>	CM14-0211359		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/05/2009
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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: Tennessee, Mississippi  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37-year-old female who has submitted a claim for sprain / strain of bilateral shoulders, lumbago and cervical intervertebral disc displacement associated with an industrial injury date of 12/5/2009. Medical records from 2014 were reviewed. The patient complained of persistent low back pain and bilateral shoulder pain rated 9/10 in severity and relieved to 6-7/10 with Norco. The pain on his left shoulder radiated to the left arm associated with numbness. Physical examination showed tenderness at both anterior shoulders, limited motion on all planes and positive impingement sign. Treatment to date has included left shoulder arthroscopy on 5/24/2012, physical therapy, and medications such as Norco, Soma, Ativan, Lyrica, Lidoderm patch and Motrin (since at least September 2014). The utilization review from 12/12/2014 denied the request for Motrin 800mg #100 x2 because of no supporting evidence of objective functional benefit with medication use; and denied Lidoderm patch 5% #30 x2 because of no previous trial of first-line therapy to warrant its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #100 x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed Motrin since at least September 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Motrin 800mg #100 x 2 is not medically necessary.

**Lidoderm patch 5% #30 x 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Patch Page(s): 56-57.

**Decision rationale:** Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state 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). In this case, the patient has been on Lidoderm patch since September 2014. She is initially prescribed Lyrica but persistence of neuropathic symptoms prompted adjuvant therapy with lidocaine patch. However, there is no documentation concerning pain relief and functional improvement derived from its use. The medical necessity has not been established due to insufficient information. Therefore, the request for Lidoderm patch 5% #30 x 2 is not medically necessary.