

Case Number:	CM15-0006389		
Date Assigned:	01/21/2015	Date of Injury:	07/08/2013
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 43 year old female, who sustained an industrial injury on 7/8/2013. She has reported left shoulder, left elbow, left wrist, and left knee pain. The diagnoses have included left subacromial bursitis, biceps tendonitis, crush injury to and radial head fracture of left elbow, wrist sprain. Treatment to date has included radiographic imaging including x-rays and Magnetic Resonance Imaging (MRI) of left upper extremity and left knee, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, group psychotherapy, physical therapy and medications. Currently, the IW complains of persistent pain in the left shoulder to wrist, and knee. Physical examination documented 11/18/14, significant for positive impingement left shoulder, tenderness with palpation of left elbow, and mild tenderness of subacromial area. Strength was documented 5/5 right arm, and 4/5 left arm. Diagnoses included left shoulder impingement syndrome, history of possible left elbow fracture, left wrist sprain and left knee pain. On 12/17/2014 Utilization Review non-certified Norco 10/325mg one (1) tablet twice daily #60 and lidoderm 5% patch, apply one patch daily to skin #30, noting the recommendations in the guidelines for use and for length of treatment. The MTUS Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg one (1) tablet twice daily #60 and lidoderm 5% patch, apply one patch daily to skin #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in her multiple body parts including left shoulder, left elbow, left wrist and left knee. The patient is currently taking Lidoderm patch, Ibuprofen and Norco. The patient has been utilizing Norco since at least 07/22/14. The 07/22/14 progress report indicates that the patient rates her pain as 6/10 with medications and 8/10 without medications. The patient does not report side effects CURE report ran and UDS was completed. The patient is currently working with modified duty. Regarding chronic opiate use, MTUS guidelines page 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 4A's analgesia, ADL's, 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. MTUS guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the treater addresses CURES and UDS. Side effects are addressed. However, there are no documentations which specifically discuss analgesia, ADL's and adverse behavior. No validated instruments are used to document functional improvement and no specific ADL's are discussed showing significant improvement. Therefore, the requested Norco is not medically necessary and should be slowly tapered per MTUS.

Lidoderm 5% patch # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

Decision rationale: The patient presents with pain and weakness in her multiple body parts including left shoulder, left elbow, left wrist and left knee. The request is for LIDODERM 5% PATCH #30. The patient has been utilizing Lidoderm patch since at least 07/22/14. MTUS guidelines page 57 states, topical lidocaine may be recommended for localized perioheral 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. Page 112 also states: Lidocaine indication: neuropathic pain, recommended for localized peripheral pain. When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for

treatment, trial of a short-term use with outcome documented for pain and function. In this case, the patient presents with localized peripheral pain, which is cubital tunnel syndrome confirmed by EMG/NCS. The 07/22/14 progress report indicates that Topical patches were helpful for symptomatic pain relief. The patient notes benefit over the left elbow from these patches and are helping hypersensitivity noted about the left elbow. Given that the patient has localized peripheral pain and there is documentation showing its efficacy, the request is medically necessary.