

Case Number:	CM15-0124379		
Date Assigned:	07/08/2015	Date of Injury:	08/12/2011
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 34-year-old male, who sustained an industrial injury on 8/12/2011. He reported injuring his right shoulder and wrist when striking a rock while shoveling. Diagnoses have included right shoulder impingement-labral tear, possible cervical radiculopathy and status post right wrist surgery times two. Treatment to date has included magnetic resonance imaging (MRI), injections, physical therapy and medication. According to the progress report dated 5/27/2015, the injured worker complained of pain rated 5/10 with medications and 8/10 without medications. He was working modified duty. Objective findings revealed diffuse distal right upper extremity numbness and weakness. There was tenderness to the right radial wrist. There was positive right shoulder impingement with decreased range of motion. It was noted that shoulder surgery had been recommended. Authorization was requested for Lidoderm patches and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right shoulder and upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 5/10 and the claimant is noted to be working. When seen, shoulder surgery had been recommended. There was diffuse right upper extremity numbness and weakness and wrist tenderness. Shoulder impingement testing was positive. There was shoulder tenderness with decreased range of motion. Norco was prescribed at a total MED (morphine equivalent dose) a 40 mg per day. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other topical treatments that could be considered. Therefore, Lidoderm was not medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management for Opioids Page(s): 79-80, 81, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80, 86.

Decision rationale: The claimant sustained a work injury in August 2011 and continues to be treated for right shoulder and upper extremity pain. Medications are referenced as decreasing pain from 8/10 to 5/10 and the claimant is noted to be working. When seen, shoulder surgery had been recommended. There was diffuse right upper extremity numbness, weakness, and wrist tenderness. Shoulder impingement testing was positive. There was shoulder tenderness with decreased range of motion. Norco was prescribed at a total MED (morphine equivalent dose) a 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.