

Case Number:	CM15-0067960		
Date Assigned:	04/15/2015	Date of Injury:	10/11/2012
Decision Date:	05/14/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 53 year old male who sustained an industrial injury on 10/11/2012. Diagnoses include fracture malar/maxillary-closed, ulnar neuropathy, at wrist and elbow on the left, median nerve compression at the wrist from fracture, lumbar radiculopathy, acromioclavicular sprain on the left, rotator cuff sprain on the left, left elbow sprain, lumbar sprain, cervical sprain, SLAP tear of the shoulder and superficial nerve damage over the left elbow. Treatment to date has included status post-surgery on the left elbow and left wrist, diagnostic studies, medications, acupuncture, epidural steroid injections, home exercise program, physical therapy, and application of ice and heat. A physician progress note dated 03/05/2015 documents the injured worker complains of neck pain, low back pain, left shoulder, left wrist and left elbow pain. He had an epidural steroid injection on 01/06/2015 and continues to notice pain relief. His pain is described as an aching pain in his neck, low back and left shoulder. He has a tingling in his left upper extremity and burning an aching in his right wrist. His pain is rated a 9 out of 10 on the Visual Analog Scale. Surgical incisions over the left elbow and left wrist are healed and there is decreased range of motion. Lumbar spine has increased pain with flexion and extension, and tenderness over the paraspinals, left more than right. His left knee has tenderness to palpation over medial joint line and patella, positive crepitus and full range of motion. The injured worker is able to do all activities of daily living and has pain control with the use of his medications. Treatment requested is for Lidoderm patch 5%, #90, and Norco 10/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): s 76-85 and 88-89.

Decision rationale: This 53 year old male has complained of left arm pain, low back pain and shoulder pain since date of injury 10/11/12. He has been treated with surgery, epidural steroid injections, acupuncture and medications to include opioids for at least 6 weeks duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Lidoderm patch 5% #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 53 year old male has complained of left arm pain, low back pain and shoulder pain since date of injury 10/11/12. He has been treated with surgery, epidural steroid injections, acupuncture and medications. The current request is for Lidoderm patch 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch 5% is not indicated as medically necessary.