

Case Number:	CM13-0037721		
Date Assigned:	12/18/2013	Date of Injury:	07/21/1998
Decision Date:	02/19/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 66-year-old male who reported an injury on 07/21/1998. The mechanism of injury was not submitted. The patient was diagnosed with recurrent impingement of the right shoulder; status post right shoulder arthroscopy, subacromial decompression and distal clavicle resection; left shoulder impingement syndrome; major depressive disorder without psychotic features; and a pain disorder associated with psychological factors and a general medical condition. The patient continued to complain of bilateral shoulder pain, stiffness and weakness, which was exacerbated with any use of the upper extremities. The patient reported functional improvement and pain relief with the adjunct of medication. The right shoulder physical examination revealed passive forward flexion to 140 degrees and abduction to 80 degrees. There was pain and weakness elicited when testing the supraspinatus tendon against resistance. The left shoulder physical examination revealed passive forward flexion to 165 degrees with a positive impingement sign. Strength globally was intact. The treatment plan included a refill of Voltaren 75 mg 1 twice a day and Ultram 50 mg 1 twice a day. The patient reported approximately 50% relief of pain with the use of tramadol as well as functional improvement, including the ability to perform activities of daily living with much less pain, such as bathing, dressing and housekeeping duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF FLECTOR PATCHES #60 BETWEEN 9/5/2013 AND 11/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: Flector Patch (diclofenac epolamine topical patch) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The California MTUS states that diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, i.e., the ankle, elbow, foot, hand, knee and wrist. The guidelines also state that the medication has not been evaluated for the treatment of the spine, hip or shoulder. The clinical documentation submitted for review does not meet the guideline recommendations. The patient continued to complain of shoulder pain, stiffness and weakness which were exacerbated with any use of the upper extremities. The guidelines do not recommend diclofenac for pain relief of the spine, hip or shoulder. Given the lack of documentation to support the guideline criteria, the request is non-certified.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF ULTRAM 50MG #60 BETWEEN 9/5/2013 AND 11/23/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

Decision rationale: Tramadol (Ultram[®]) is a centrally acting synthetic opioid analgesic, and it is not recommended as a first-line oral analgesic. The California MTUS states that opiate analgesics and tramadol have been suggested as a second-line treatment or in combination with first-line drugs. The guidelines state that tramadol is a synthetic opioid affecting the central nervous system and may increase the risk of seizure, especially in patients taking SSRIs, TCAs and other opioids. Tramadol should not be prescribed to patients who are risk for suicide or addiction. No objective clinical documentation was submitted indicating an improvement in the patient's functional status or a decrease in the patient's pain level. Given the lack of documentation to support the guideline criteria, the request is non-certified.