

Case Number:	CM13-0038846		
Date Assigned:	12/18/2013	Date of Injury:	04/17/2002
Decision Date:	02/14/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 71-year-old female who reported an injury on 04/17/2002. The patient is diagnosed with left shoulder impingement, status post distal clavicle excision with continued symptomatology, right shoulder impingement with positive rotator cuff tear, and neck pain. The patient was seen by [REDACTED] on 08/19/2013. The patient has completed 12 sessions of physical therapy and currently utilized a hot and cold wrap, as well as a TENS unit. The patient reports 9/10 pain. Physical examination revealed tenderness along the cervical paraspinal muscles bilaterally, as well as the left shoulder rotator cuff and biceps tendon with 110 degrees shoulder abduction and weakness. Treatment recommendations included continuation of current medication and a replacement TENS pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flector 1.3% #30 between 08/19/13 and 10/27/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. Topical NSAIDs are recommended for osteoarthritis for short-term use, including 4 to 12 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. The patient does not maintain a diagnosis of osteoarthritis. There is also no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Satisfactory response to previous use has not been indicated. As such, the request is non-certified.

1 TENS pad between 8/19/13 and 10/27/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The patient has continuously utilized a TENS unit. Despite ongoing use, the patient continues to report 9/10 pain. The patient also continues to demonstrate tenderness to palpation with diminished range of motion and weakness. It is noted by [REDACTED] on 08/19/2013, the patient did not require replacement of the TENS pad on that date, as the patient only utilized the machine occasionally. Based on the clinical information received, the request is non-certified.

1 prescription of Ultracet 37.5/325mg #120 between 8/19/13 and 10/27/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report 9/10 pain. There is no indication of a significant change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use of opioid medication cannot be determined as medically appropriate. Therefore, the request is non-certified.

1 prescription of Tramadol ER between 8/19/13 and 10/27/13: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report 9/10 pain. There is no indication of a significant change in the patient's physical examination that would indicate functional improvement. Therefore, ongoing use of opioid medication cannot be determined as medically appropriate. Therefore, the request is non-certified.