

Case Number:	CM13-0044330		
Date Assigned:	12/27/2013	Date of Injury:	03/13/2009
Decision Date:	03/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation 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 52-year-old female who reported an injury on 03/13/2009. The patient was reportedly injured when she was attacked by a student. The patient is diagnosed with severe left thoracic outlet syndrome, post concussive headaches, status post C5-7 anterior discectomy and fusion, status post left endoscopic carpal tunnel release, status post left shoulder open rotator cuff repair, left temporomandibular joint syndrome, and post traumatic stress. The patient was recently seen by [REDACTED] on 10/29/2013. The patient was awaiting appeal for left shoulder ultrasound to rule out associated rotator cuff tear. The patient reported persistent pain with activity limitation. Objective findings included painful range of motion with improvement in left upper extremity strength and moderate left shoulder tenderness. Treatment recommendations included a left shoulder ultrasound, and continuation of current medication, including Lidoderm, Topamax, and Butrans patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

One left shoulder ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 207-209.

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the patient's physical examination revealed painful range of motion and tenderness to palpation. There is no documentation of significant musculoskeletal or neurological deficit. There are no plain films obtained prior to the request for an ultrasound. Also, there is no documentation of a failure of recent conservative treatment prior to the request for an ultrasound. The medical necessity for the requested service has not been established. As such, the request is non-certified.

One prescription of Lidoderm 5%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of anticonvulsants and antidepressants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with activity limitation and insomnia. The patient's physical examination does not reveal any significant changes that would indicate functional improvement. Based on the clinical information received, the request is non-certified.

The request for one prescription of Topamax 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 16-22.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Topamax has been shown to have variable efficacy, with a failure to demonstrate efficacy in neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a failure to respond to first-line anticonvulsants prior to the initiation of Topamax. Based on the clinical information received, the request is non-certified.