MAXIMUS Federal Services

Case Number:	CM13-0056149		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2002
Decision Date:	04/30/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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's underlying date of injury is 11/16/2002. The patient's treating diagnosis include impingement syndrome of both shoulders, worse on the left, status post bilateral shoulder arthroscopy and decompression. In an office note of 11/04/2013, the treating orthopedic surgeon saw the patient regarding persistent pain in both shoulders. The patient reported that he was taking Ultracet to be functional and that he had stopped taking anti-inflammatory and stomach medications and had not had any swelling in his face. The patient reports that Ultracet helped him with pain. The patient needed a refill of his medications until the next visit. On exam the patient had tenderness along the trapezius and shoulder girdle bilaterally, and the patient had 5-strength in shoulder abduction and flexion. The treating physician diagnosed the patient with a bilateral shoulder impingement syndrome. He noted that the patient had discontinued naproxen and Protonix and had tried Flexeril in the past which made him drowsy. He requested to prospectively continue the patient's medications including LidoPro Ointment and Terocin and also Ultracet. The treatment rationale discussed in the treating provider's note references cyclobenzaprine rather than any of the requested medications. An initial physician review recommended non-certification of Ultracet given a lack of documentation of functional benefits to support ongoing opioid use. The initial physician review also recommended non-certification of a TENS pad given lack of documented functional benefit and given the lack of an apparent supporting neuropathic diagnosis. This physician review also recommended non-certification of LidoPro Lotion and Terocin Patches given the lack of documented indication for these topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRACET 37.5/325MG #180 FOR DOS 11/4/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

Decision rationale: Ultracet contains tramadol and acetaminophen. Tramadol is a weak synthetic opioid. The Medical Treatment Utilization Schedule, section on opioids/ongoing management, page 78, recommends documenting the four A's of opioid management, emphasizing functional benefit for an indication for long-term opioid use. Particularly given the chronicity of this case dating back over a decade, the treatment guidelines would expect specific documentation of verifiable functional benefit to support an indication for continued opioid use. The medical records do not document these four A's of opioid use. This request is not supported by the guidelines. The request is not medically necessary.

A TENS pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114.

Decision rationale: The Medical Treatment Utilization Schedule, Transcutaneous Electrical Nerve Stimulation, Page 114, discusses TENS as an adjunct to a program of evidence-based functional restoration for multiple neuropathic pain diagnoses. The medical records in this case do not document a neuropathic pain diagnosis for which TENS would be indicated, nor do the medical records document functional goals or functional benefit from past TENS use. The guidelines do not support this request. This request is not medically necessary.

ULTRACET 37.5/325MG #180 BETWEEN 11/4/2013 AND 1/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: Ultracet contains tramadol and acetaminophen. Tramadol is a weak synthetic opioid. The Medical Treatment Utilization Schedule, section on opioids/ongoing management, page 78, recommends documenting the four A's of opioid management, emphasizing functional benefit for an indication for long-term opioid use. Particularly given the

chronicity of this case dating back over a decade, the treatment guidelines would expect specific documentation of verifiable functional benefit to support an indication for continued opioid use. The medical records do not document these four A's of opioid use. This request is not supported by the guidelines. The request is not medically necessary.

LIDOPRO LOTION, 4OZ BETWEEN 11/4/2013 AND 1/14/2014: 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): 111.

Decision rationale: The Medical Treatment Utilization Schedule, section on topical analgesics, states regarding topical analgesics that this category of medications is largely experimental in use, with few randomized controlled trials to determine efficacy of safety. Regarding the component ingredient topical lidocaine, the same treatment guideline states that lidocaine is not recommended topically for non-neuropathic pain. The medical records do not document a neuropathic diagnosis for which LidoPro Lotion would be indicated. This request is not medically necessary.

TEROCIN PATCHES #20 BETWEEN 11/4/2013 AND 1/14/2014: 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): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, Section on Topical Analgesics, page 11, states that the use of compounded topical analgesic agents requires knowledge of the specific mechanism of action of each component ingredient. The medical records in this case do not document such a mechanism of action or rationale overall for this medication. This request is not medically necessary.

ONE (1) TENS PAD REPLACEMENT BETWEEN 11/4/2013 AND 1/14/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114.

Decision rationale: The Medical Treatment Utilization Schedule, Transcutaneous Electrical Nerve Stimulation, Page 114, discusses TENS as an adjunct to a program of evidence-based functional restoration for multiple neuropathic pain diagnoses. The medical records in this case

do not document a neuropathic pain diagnosis for which TENS would be indicated, nor do the medical records document functional goals or functional benefit from past TENS use. The guidelines do not support this request. This request is not medically necessary.