

<b>Case Number:</b>	CM13-0065540		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/16/2005
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Internal Medicine, Pulmonary Diseases, 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 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 53-year-old female who reported an injury on 02/16/2005. The mechanism of injury was not provided for review. The patient developed chronic shoulder pain following surgical intervention. The patient's most recent clinical evaluation documented that the patient had previously used pain patches, which provided a reduction in pain from an 8/10 to a 3/10 and allowed for productive sleep patterns. The patient's most recent clinical evaluation documented that the patient had limited shoulder range of motion and cervical range of motion secondary to pain with a positive impingement sign of the right shoulder and tenderness to palpation over the acromioclavicular joint. The patient's diagnoses included continued impingement of the rotator cuff. The patient's treatment plan included Icy Hot topical analgesic, continued use of Lidoderm patches and Ultram 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg number fifty:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 11/2011. The patient's most recent clinical documentation did not provide any evidence of a quantitative assessment of pain relief related to this particular medication. Additionally, the clinical documentation did not provide any evidence of functional benefit related to this medication. There was no documentation that the patient was monitored for aberrant behavior. Therefore, the continued use of this medication is not supported. As such, the requested Ultram 50 mg #50 is not medically necessary or appropriate.

**Icy hot salve - 2 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Salicylate topical, and Topical Analgesics Page(s): 105, 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend the use of salicylate topicals for pain relief. However, the clinical documentation submitted for review fails to provide any evidence that the patient has not responded to other first-line medications, such as over-the-counter analgesics, antidepressants, nonsteroidal anti-inflammatory drugs or acetaminophen. Therefore, the need for this topical analgesic is not established. As such, the requested Icy Hot salve is not medically necessary or appropriate.

**Lidoderm 5% on box related to right shoulder:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches for neuropathic pain that has failed to respond to other first-line treatments. The clinical documentation does indicate that the patient has been on this medication for an extended duration. However, the patient's most recent documentation does not provide any evidence of neuropathic pain that would benefit from this treatment modality. The patient's physical findings provided in the most recent clinical documentation associate the patient's pain with a musculoskeletal condition. Therefore, the continued use of this medication would not be supported. As such, the requested Lidoderm 5% on box related to the right shoulder is not medically necessary or appropriate.