

<b>Case Number:</b>	CM14-0003812		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	05/30/2007
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 is a 49-year-old female who was injured on May 30, 2007. The patient continued to experience pain in her neck and right shoulder. Physical examination was notable for crepitus on right shoulder motion, positive right Hawkins sign, positive right Neer sign, positive right Tinel's sign, and positive right Phalen's sign. Diagnoses included right shoulder impingement syndrome, bilateral carpal tunnel syndrome, cervical brachia pain syndrome, and post-injury depression. Treatment included physical therapy and medications. There was no benefit from the physical therapy. The patient's pain was persistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM 5%, #1 BOX:** 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.

**Decision rationale:** Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy with medications such as antidepressants or anti-epileptic drugs. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that

further research is needed to recommend this treatment for chronic neuropathic pain. In this case, the documentation does not support the diagnosis of neuropathic pain and the patient is not suffering from post-herpetic neuralgia. In addition, the patient has been using Lidoderm patches since at least September 2013 and has not obtained analgesia. Medical necessity has not been established.

**ULTRACET 37.5/325MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Ultracet is a medication containing tramadol and acetaminophen. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient had been treated with tramadol since at least September 2013. The patient was not obtaining analgesia. The medication is not effective and not medically necessary.