

Case Number:	CM14-0100660		
Date Assigned:	07/30/2014	Date of Injury:	08/29/2011
Decision Date:	09/18/2014	UR Denial Date:	06/15/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 is a 53 years old female with an injury date on 08/29/2011. Based on the 05/23/2013 progress report provided by [REDACTED], the diagnosis is: 1. Right shoulder impingement syndrome, partial thickness rotator cuff tear, and bicipital tendinitis as well as AC arthritis. According to this report, the patient complains of increasing the right shoulder pain. The patient rated the pain as moderate in nature and pain is noted with overhead activities. Physical exam reveals positive Hawkins and Impingement sign. The MRI of the shoulder reveals partial thickness rotator cuff tear and bicipital tendinitis as well as AC arthritis. The MRI report was not included in the file. There were no other significant findings noted on this report. The utilization review denied the request on 06/15/2014. [REDACTED] the requesting provider and he provided treatment reports from 08/13/2012 to 07/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch, QTY: 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: According to the 05/23/2013 report by [REDACTED] this patient presents with increasing the right shoulder pain. The treater is requesting Lidoderm patch, Qty: 30 with 1 refill. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Review of available reports show no mentions of Lidoderm patch and it is unknown exactly when the patient initially started using this medication. The patient has shoulder pain without neuropathic pain. The treater does not discuss how this patch is used and with what effect. The MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Recommendation is for denial.

Relafen 500 mg, QTY: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61.

Decision rationale: According to the 05/23/2013 report by [REDACTED] this patient presents with increasing the right shoulder pain. The treater is requesting Relafen 500 mg, Qty: 60 with 1 refill. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Review of available reports show no mentions of Relafen and it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Recommendation is for denial.