MAXIMUS Federal Services

Case Number:	CM14-0101836		
Date Assigned:	07/30/2014	Date of Injury:	06/09/2011
Decision Date:	10/22/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 60-year-old male with date of injury of 06/09/2011. The listed diagnosis per [redacted] from 03/25/2014 is status post left shoulder surgery from 08/15/2013. According to this report, the patient complains of frequent left shoulder pain at a rate of 7/10 to 8/10. The patient denies any side effects with his current medications. Pain without medication is 7/10 to 8/10, and with medication 4/10. Topical creams and patches decreased the patient's pain and increased sleep. The objective findings show left shoulder range of motion are flexion 150, extension 40, abduction 150, adduction 40, internal rotation 60, external rotation 60. The incision in the left shoulder is clean, dry, and free of infection. The Utilization Review denied the request on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89 AND 78.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 08/15/2013. The treating physician is requesting tramadol 50 mg, #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also required documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 03/25/2014. In this report, the patient's level of pain without medication is 7/10 to 8/10, and with medication 4/10. He denies any side effects with his current medications. The 05/20/2014 urine drug screen show inconsistent results with the prescribed medications. The treating physician does not document medication efficacy including specifics regarding ADLs, no mention of quality of life changes, and no discussions regarding "pain assessment" as required by MTUS. There is no discussion as to how the treating physician is addressing the results of the UDS (urine drug screen). In this case, given the patient's inconsistent results and only partially met criteria, recommendation is that the request is not medically necessary.

Terocin pain patch, #20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical Page(s): 56, 57 and 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidoderm patches

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 08/15/2013. The treating physician is requesting Terocin patch, #20. The MTUS Guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica)." MTUS page 112 also states, "lidocaine indication: Neuropathic pain recommended for localized peripheral pain." When reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent without neuropathic etiology." ODG further requires documentation of the area of treatment, trial of short term use with outcome documenting pain and function. The records show that the patient was prescribed Terocin patches on 02/25/2014. There is no documentation of functional improvement while utilizing Terocin patches. Furthermore, Terocin patches are only indicated for peripheral, localized neuropathic pain, which this patient does not present with. Recommendation is that the request is not medically necessary.

Menthoderm gel, #240: Upheld

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

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

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 08/15/2013. The treating physician is requesting Menthoderm gel, #240. Menthoderm cream/gel contains methyl salicylate and menthol. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized control trials to determine efficacy or safely. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants are failed. Salicylate is only indicated for peripheral joint arthritis/tendonitis. The 02/07/2014 MRI of the left shoulder showed acromioclavicular osteoarthritis, supraspinatus tendonitis, and infraspinatus tendonitis. The 03/25/2014 report notes, "Topical creams and patches decreased pain and increased sleep." In this case, while the patient presents with shoulder pain, this is not a peripheral joint for which topical NSAIDs are indicated per MTUS. Recommendation is that the request is not medically necessary.

Percocet 10/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89, 78.

Decision rationale: This patient presents with left shoulder pain. The patient is status post left shoulder surgery from 08/15/2013. The treating physician is requesting Percocet 10/325 mg, #90. For chronic opiate use, the MTUS Guidelines page 88 and 89 states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also required documentation of the 4As including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The patient was prescribed Percocet on 03/25/2014. The treating physician notes on 03/25/2014 that the patient's level of pain without medication is 7/10 to 8/10, and with medication, 4/10. The patient denies any side effects with his current medications. The 05/20/2014 urine drug screen show inconsistent results with the prescribed medications. The treating physician does not document medication efficacy including specifics regarding ADLs, no mention of quality of life changes, and no discussions regarding "pain assessment" and outcome measures as required by MTUS. There is no discussion as to how the treating physician is addressing the results of the UDS. In this case, given the patient's inconsistent results and only partially met criteria, recommendation is that the request is not medically necessary.