

Case Number:	CM14-0016616		
Date Assigned:	04/11/2014	Date of Injury:	06/19/2007
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine & 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:

This is a 57 year-old female who was injured on 6/19/2007. She has been diagnosed with a right shoulder derangement. According to the 1/12/14 progress report from [REDACTED], the patient continues with pain and decreased motion in the right shoulder, and has not been getting medications, due to authorization issues. There is a note dated 1/29/14 from the patient's attorney indicating that following prescriptions have not been authorized: Lidoderm patch; amitriptyline; Diazepam; and topiramate. There is a 2/4/14 UR letter that is denying use of Lidoderm patches, Topomax, Norco, gabapentin, relafen, amitriptyline, and diazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PATCH #90: Overturned

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

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

Decision rationale: The patient presents with right shoulder pain with range of motion. The MTUS Chronic Pain Guidelines states this is for peripheral pain after there has been trials of first line therapy such as TCA, SNRI antidepressants or anti-epileptics such as gabapentin or Lyrica.

The records show the patient has tried topamax and Gabapentin and Amitriptyline. The request for the Lidoderm patch is in accordance with the MTUS Chronic Pain Guidelines' recommendations.

TOPAMAX 25MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The patient presents with right shoulder pain. The MTUS Chronic Pain Guidelines states anti-epilepsy medications are recommended for neuropathic pain. The available medical reports document right shoulder derangement with rotator cuff tear. This is nociceptive pain. There is no reporting of neuropathic pain in the medical records provided for review. The use of Topamax for non-neuropathic pain is not in accordance with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

NORCO 10/325MG #290: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Opioids Page(s): 88-89.

Decision rationale: The patient presents with right shoulder pain. She is reported to be using Norco. Within the medical records provided for review there are no pain assessments, and no comparison of pain relief with medications to a baseline. There is no discussion of medication efficacy, improved pain or function or quality of life. The MTUS Chronic Pain Guidelines' criteria for long-term use of opioids requires "Document pain and functional improvement and compare to baseline" and states "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS Chronic Pain Guidelines' reporting requirements for long-term use of opioids have not been met. The MTUS Chronic Pain Guidelines states: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient is not reported to have any decrease in pain, increase in function or quality of life. The request is therefore not medically necessary and appropriate.

GABAPENTIN 300MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The patient presents with right shoulder pain. The MTUS Chronic Pain Guidelines states anti-epilepsy medications are recommended for neuropathic pain. The available medical reports document right shoulder derangement with rotator cuff tear. This is nociceptive pain. There is no reporting of neuropathic pain. The use of Gabapentin for non-neuropathic pain is not in accordance with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.

RELAFEN 500MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The patient presents with right shoulder pain. The MTUS Chronic Pain Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on the efficacy of the medications in the medical record sprovided for review. There is no mention of improved pain, or improved function or improved quality of life with the use of Relafen. The MTUS Chronic Pain Guidelines does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary and appropriate.

AMITRIPTYLINE 25MG #480: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with right shoulder pain. The MTUS Chronic Pain Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on the efficacy of the medications in the medical record sprovided for review. There is no mention of improved pain, or improved function or improved quality of life with the use of Relafen. The

MTUS Chronic Pain Guidelines does not recommend continuing treatment if there is not a satisfactory response. The request is not medically necessary and appropriate.

DIAZEPAM 5MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with right shoulder pain. The patient appears to have been on Valium long-term, as documented on the 11/11/2012 report, and continued requests from 12/2013. The MTUS Chronic Pain Guidelines specifically states benzodiazepines are not recommended for long-term use. The long-term use of the benzodiazepine Diazepam is not in accordance with the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.