MAXIMUS Federal Services

Case Number:	CM14-0020625		
Date Assigned:	04/30/2014	Date of Injury:	08/23/2010
Decision Date:	08/01/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/19/2014

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 Rehabilitation & Pain Management 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 51 year old male with an injury date of 08/23/10. Based on the 11/25/13 progress report provided by [redacted]., the patient complains of pain and stiffness to his left shoulder which radiates to his neck and arm. The patient notes tenderness, decreased sensation, and a decreased range of motion. His diagnoses include the following:1. s/p left shoulder arthroscopy, with residual symptoms2. rotator cuff dysfunction, left shoulder[redacted]. [redacted] is requesting for the following:1. Referral to major university center such as [redacted] or [redacted] for evaluation and treatment recommendations of left shoulder2. Ultram3. Flexeril4. Medrox PatchesThe utilization review determination being challenged is dated 02/06/14. [redacted] is the requesting provider, and he provided treatment reports from 03/15/13- 11/25/13. All progress reports are vague and do not provide any indication of how the medications impact the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Major University Center such as [redacted] or [redacted] for Evaluation and treatment Recommendations of Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the 11/25/13 report by treating physician the patient presents with pain and stiffness to his left shoulder which radiates to his neck and arm. The request is for a referral to major university center such as [redacted] or [redacted] for evaluation and treatment recommendations of left shoulder. ACOEM Practice Guidelines page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Therefore, the request is medically necessary.

Ultram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Criteria For Use Of Opioids Page(s): 60,61, 88, 89.

Decision rationale: According to the 11/25/13 report by treating physician, the patient presents with pain and stiffness to his left shoulder which radiates to his neck and arm. The request is for Ultram. Review of the reports show the patient has been taking Tramadol since 08/14/13. For long-term use of opiates MTUS guidelines require documentation of pain and function. Numeric scale or a validated instrument is required once every 6 months to document function. The guidelines also require addressing the four A's (analgesia, ADL's, adverse effects and adverse events). In this case, documentation is inadequate. No numerical scales are provided, and no specifics are provided regarding functional changes. Therefore, the request is not medically necessary.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines for Flexeril; Muscle relaxants (for pain) Page(s): 41-42, 63-66.

Decision rationale: According to the 11/25/13 report by treating physician, the patient presents with pain and stiffness to his left shoulder which radiates to his neck and arm. The request is for Flexeril. The first indication that the patient was taking Flexeril was on treating physician 08/14/13 progress report. According to the MTUS guidelines, cyclobenzaprine's are not recommended to be used for longer than 2-3 weeks. Based on review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or

documentation that it has done anything for the patient's pain or spasms. Therefore, the request is not medically necessary.

Medrox Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: According to the 11/25/13 report by treating physician, the patient presents with pain and stiffness to his left shoulder which radiates to his neck and arm. The request is for Medrox Patches. Medrox patch contains salicylate, capsaicin, and lidocaine. MTUS Guidelines provide clear discussion regarding compounded topical products for use in chronic pain. It states that if one of the component is not recommended, then the entire component is not recommended. In this case, Medrox patch contains salicylate, which is a topical NSAID. Topical NSAID is indicated for peripheral arthritic and tendinitis pain per MTUS Guidelines. This patient does not present with peripheral joint arthritis or tendinitis but struggles with left shoulder pain which radiates to his neck and arms. Furthermore, topical lidocaine is recommended for neuropathic pain only and this patient does not present with neuropathic pain. Therefore, the request is not medically necessary.