

Case Number:	CM14-0091603		
Date Assigned:	07/25/2014	Date of Injury:	03/31/2008
Decision Date:	08/28/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 primary treating physician's PR-2 report of 05/15/2014 notes the patient had a chief complaint of left shoulder pain with numbness, which was worse with activity. The patient was noted to have begun a trial of Lyrica, which was helpful for improving numbness. The patient was also taking Norco and a hypertension medication. On exam the patient had decreased painful motion of the left shoulder with flexion and decreased sensation of the left fourth and fifth digits. The treating plan included discontinuation of Relafen due to hypertension and related to utilization review denial. The treating physician requested approval for Lyrica with a plan to monitor for functional improvement and a trial of a Flector patch as a non-oral NSAID option. The treating physician also recommended a trial of Ultram ER as well as Norco for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory agents).

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, section on Topical Analgesics, states specifically regarding topical anti-inflammatory medications, the efficacy in clinical trials has been inconsistent, and most studies are of short duration. The guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo for the first week of treatment but not thereafter. Additionally, the same guidelines state that for the topical anti-inflammatory medication, Voltaren gel, has not been evaluated for treatment of the shoulder. For these reasons, the guidelines do not support this treatment, and the records do not provide an alternate rationale to indicate that this treatment would be likely to be effective. This request for Flector patch 1.3% #30 is not medically necessary.

Ultram ER 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, section on Opioids/Ongoing Management, page 78, discuss the 4 A's of opioid management including functional goals and functional benefits of opioid treatment. The medical records do not document these 4 A's of opioid management. It is not clear that this patient has a diagnosis for which chronic opioids are indicated and there are no specific goals to be monitored in support of opioid use. The request for Ultram ER 100mg #30 is not medically necessary.