

Case Number:	CM14-0207302		
Date Assigned:	01/30/2015	Date of Injury:	11/06/2013
Decision Date:	03/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of November 6, 2013. In a utilization review report dated November 13, 2014, the claims administrator failed to approve/partially approve a request for Topamax, trazodone, Norco, Lidoderm, tramadol, and physical therapy for the shoulder. The claims administrator referenced an October 29, 2014 progress note in its determination. The claims administrator suggested that the applicant had undergone earlier shoulder surgery on an unspecified date in May 2014. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant reported multifocal complaints of neck and shoulder pain. The applicant was off of work. The applicant was receiving State Disability Insurance (SDI) benefits. Shoulder pain, neck pain, and forearm pain were all evident. The applicant was given prescriptions for tramadol extended release, Vicodin, Lidoderm patches, Naprosyn, Protonix, and Flexeril. The applicant apparently presented to the emergency department on May 5, 2014 reporting of flare in headaches and was given Norco for the same. On June 25, 2014, the applicant reported issues with posttraumatic headaches, neck pain, wrist pain, and carpal tunnel syndrome. The applicant's medication list was not detailed on this occasion. In an August 20, 2014 physical therapy progress note, the applicant was asked to continue postoperative physical therapy following the shoulder surgery on May 15, 2014. The applicant was employed as a tree trimmer, it was suggested. On October 20, 2014, it was acknowledged that the applicant was not working. 12 additional sessions of physical therapy, a psychiatry referral, a dentist referral, Norco, Lidoderm, tramadol, trazodone, and Topamax were

all renewed. Various complaints of shoulder, wrist, neck, and hand pain were evident. The applicant could not do any gripping or grasping. The applicant exhibited significantly limited shoulder abduction in the 110-degree range. A medical-legal evaluation is noted. Moderate-to-severe pain was evident. There was little to no discussion of medication efficacy. The attending provider posited that the applicant had not had adequate therapy. On October 1, 2014, the attending provider again stated that the applicant had significant weakness about the shoulder and had deficits in terms of range of motion and lifting overhead, with abduction limited to 80 degrees. The applicant was placed off of work while Lidoderm, tramadol, Desyrel, and Topamax were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: 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.

Decision rationale: The request for Trazodone, an atypical antidepressant, was not medically necessary, medically appropriate, or indicated here. The request in question represents a renewal request. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that atypical antidepressants such as Trazodone are recommended in the chronic pain context present here, especially in the treatment of chronic neuropathic pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Trazodone. Ongoing usage of Trazodone has failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report pain complaints in the moderate-to-severe range, despite ongoing usage of the same. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Trazodone. Therefore, the request was not medically necessary.

Topamax 50mg #60: 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.

Decision rationale: The request for Topamax, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Topamax is indicated in the treatment of neuropathic pain in applicants in whom other anticonvulsants fail, in this case,

however, this recommendation is likewise qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, despite ongoing usage of Topamax. The applicant continues to report pain complaints in the moderate-to-severe range. Ongoing usage of Topamax has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The applicant continues to report pain complaints in the moderate-to-severe range, despite ongoing usage of Norco. The applicant continues to report difficulty performing activities of daily living as basic as lifting and reaching. All of the foregoing, taken together, do not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Lidoderm patch 5 percent #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability. Continuing complaints of pain in the moderate-to-severe range were evident on the most recent office visit at issue. All of the foregoing, taken together,

suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the lidocaine patches at issue. Therefore, the request was not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The request for tramadol was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of tramadol. The applicant continues to report pain complaints in the moderate-to-severe range, despite ongoing usage of tramadol, it was noted on October 29, 2014. The applicant was still having difficulty with lifting and reaching overhead on that day. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing tramadol usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Physical therapy for the right shoulder 3 times a week for 4 weeks, quantity: 12 sessions:
Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for 12 sessions of physical therapy for the shoulder, conversely, was medically necessary, medically appropriate, and indicated here. The applicant was still within the six-month postsurgical physical medicine treatment. Established in MTUS 9792.24.3, following earlier shoulder surgery of May 2014 as of the day additional physical therapy was sought, on October 29, 2014. While it was not clearly stated how much physical therapy treatment the applicant had had through this point in time, the treating provider suggested that the applicant had only had 12 sessions of physical therapy through this point in time. The MTUS Postsurgical Treatment Guidelines support a general course of 24 sessions of treatment following arthroscopic shoulder surgery for rotator cuff syndrome/impingement syndrome, as apparently transpired here and, furthermore, also notes in MTUS 9792.24.3.c.2 that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as the applicant's essential work functions. Here, the applicant had a physically arduous job as a tree trimmer. Treatment at the upper end or even beyond that espoused in the MTUS Postsurgical Treatment Guidelines, is, thus, indicated here, given the arduous nature of the applicant's job demands. Contrary to what was suggested by the claims administrator, the applicant did make some strides with physical therapy as evinced by his improving range of motion noted between

office visit of October 1, 2014 and October 29, 2014. Therefore, the request was medically necessary.