

<b>Case Number:</b>	CM15-0103894		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 39 year old, female who sustained a work related injury on 7/11/11. She injured her left shoulder while stocking wine. The diagnoses have included left shoulder bicep tendonitis, residual left shoulder subacromial/subdeltoid bursitis, left shoulder impingement, rotator cuff tear and status post left shoulder surgeries. Treatments have included physical therapy, massage therapy, electrical stimulation therapy, ice therapy, medications, left shoulder surgery x 3, chiropractic treatments, left shoulder injections, and modified work duties. In the PR-2 dated 4/14/15, the injured worker complains of increased pain in left anterior and top of shoulder. She has tenderness to left bicep, clavicle and coracoid. She has active range of motion in left shoulder. She complains that the Tramadol pain medication is effective but doesn't last long enough to dose daily. The treatment plan includes a discontinuation of the Tramadol ER, a request for Tramadol 50mg. and a trial of Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch), p 56-57 (2) Topical Analgesics, p 111-113 Page(s): 56-57, 111-113.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for left shoulder and upper extremity pain. When seen, extended release Tramadol had not been effective as it was not providing long enough lasting pain relief. Physical examination findings included shoulder tenderness. There was decreased range of motion. Extended release Tramadol was discontinued and immediate release Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. A trial of Lidoderm was started. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There are other topical treatments that could be considered in this case. Therefore, Lidoderm is not medically necessary.

**Tramadol 50 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p 8, (2) Opioids, criteria for use, p 76-80 (3) Opioids, dosing, p 86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in July 2011 and continues to be treated for left shoulder and upper extremity pain. When seen, extended release Tramadol had not been effective as it was not providing long enough lasting pain relief. Physical examination findings included shoulder tenderness. There was decreased range of motion. Extended release Tramadol was discontinued and immediate release Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. A trial of Lidoderm was started. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction. The total MED was less than 120 mg per day consistent with guideline recommendations. Although sustained release tramadol had not been effective, the immediate release formulation would be expected to achieve greater peak blood levels and was being prescribed for breakthrough rather than baseline pain. Therefore, prescribing of tramadol is medically necessary.