

<b>Case Number:</b>	CM15-0194674		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 67 year old female with an industrial injury date of 10-04-2011. Medical record review indicates she is being treated for rotator cuff tear, rotator cuff injury, carpal tunnel syndrome, cervicgia and pain in joint. In the progress note dated 08-25-2015 the treating physician documented discussion of the prior consult report indicating "she needs a right shoulder repair and that the previous rotator cuff tear repair did not hold." "He recommends a trial of Tramadol and pacing herself before resorting to this procedure." The treating physician indicated the injured worker was already on Tramadol 50 mg twice daily and "her stomach has begun to be upset with this." "The Lidocaine patches help her with her pain in the shoulder as well." Medical record review does not indicate a numeric pain rating or rating with and without medications. Specific activities of daily living are not indicated in the medical record review. Work status (08-25-2015) is documented as retired. The treating physician documented a "physical exam was not performed today." Her current (08-05-2015) medications included Lidoderm patches (since at least 01-17-2014), Sertraline (since at least 01-17-2014), Fexmid and Tramadol (since at least 01-17-2014). Prior treatment included cortisone injection to right shoulder and physical therapy. Prior medications included Naprosyn. The treatment plan included to stop Tramadol and switch to Ultracet and refill Sertraline and Lidocaine patches. The treating physician documented the following: "She is already on Tramadol and it upsets her stomach but is good at bringing down her pain. Because of her age I do not want to switch her to another opiate so I would like to give her a formulary with less Tramadol and combine it with Acetaminophen in hopes that this reduces the irritation to her stomach and continues to provide her adequate pain relief so we can avoid a shoulder replacement." Medical record review does not indicate a urine drug screen. On 09-25-

2015, utilization review issued the following decision for the requested medications: Ultracet 37.5-325 mg quantity requested 240 - approved 120. Sertraline HCL 50 mg quantity requested 60 - approved 30. Lidoderm 5% patch # 30 refill 1 - denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultracet 37.5/325mg, #120 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant was on Tramadol for over a year. Due to upset stomach, it was changed to Ultracet, which contains a lower amount of Tramadol. Pain scores were not noted. Long-term use of opioids is not recommended. Continued use of Ultracet with 1 refill is not medically necessary.

**Lidoderm patch 5 %, #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was also on opioids along with the Lidoderm. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

**Sertraline HCL 50mg, with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental chapter, pg 16.

**Decision rationale:** According to the guidelines, Sertraline is an SSRI that is indicated for depression and PTSD. It is not indicated for chronic pain. In this case, there was no specific diagnosis of depression. Response and continued use of medication was not justified in the recent clinical notes. The continued use of Sertraline is not medically necessary.