

Case Number:	CM15-0204781		
Date Assigned:	10/21/2015	Date of Injury:	05/21/2012
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 48 year old female, who sustained an industrial injury on 5-21-12. The injured worker was diagnosed as having cervical-thoracic strain, right shoulder rotator cuff tendinosis and status post right carpal tunnel release. Subjective findings (4-27-15, 6-1-15, 6-29-15, 7-27-15 and 8-24-15) indicated right greater than left shoulder pain. Objective findings (4-27-15, 6-1-15, 6-29-15, 7-27-15 and 8-24-15) revealed tenderness of the right greater than left subacromial space. As of the PR2 dated 8-31-15, the injured worker reports right greater than left shoulder pain and right elbow pain. The treating physician noted that the right and left shoulder MRI's show tendinosis. There is no documentation of current pain level or pain levels with and without medications. Treatment to date has included Flurbiprofen 20% + Lidocaine 5% (since at least 7-27-15) and Ultram (since at least 1-5-15). The Utilization Review dated 9-24-15, non-certified the request for Ultram 50mg #60 and Flurbiprofen 20% + Lidocaine 5% prescribed on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #60 prescribed 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version) Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician does not documentation that the IW has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for tramadol 50mg #60 is deemed not medically necessary.

Flurbiprofen 20% + Lidocaine 5% prescribed 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case and as noted above if any product contains one not recommended drug cannot be recommended. As such, the request for Flurbiprofen 20% + Lidocaine 5% is deemed not medically necessary.

