

<b>Case Number:</b>	CM15-0206383		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58-year-old male who sustained an industrial injury on 10/27/11. Injury occurred when he was driving a truck and trailer that tipped and rolled over. Injuries were reported to the neck, shoulders, and right thigh, ankle, foot and toes. The 4/17/14 left shoulder MRI impression documented a full thickness tear at the insertion of the anterior supraspinatus, superimposed upon significant partial tearing of the supraspinatus tendon. There was moderate tendinopathy of the infraspinatus and subscapularis tendons. There was mild anatomic impingement related to a downsloping acromion. There was degenerative signal throughout the superior labrum. Records documented that Tramadol had been prescribed since at least March 2014 with multiple utilization review denials noted as medication benefits were not documented. The 8/24/15 utilization review modified a request for bilateral shoulder open rotator cuff repair to left shoulder rotator cuff repair and approved a request for Naproxen. It was noted that clinical exam findings were positive for shoulder impingement, weakness and range of motion deficits. Symptoms had failed to resolve with conservative treatment, including rest, medication, and physical therapy. The 9/9/15 orthopedic report cited persistent and worsening left shoulder pain with clicking and difficulty sleeping. Pain was increased with lying on his affected side, reaching around the back, and prolonged activities. Left shoulder exam documented tenderness to palpation, positive impingement testing, no instability, and weakness at 90 degrees elevation and full internal rotation. The diagnosis included shoulder arthropathy, localized shoulder osteoarthritis, shoulder impingement, shoulder sprain/strain, rotator cuff tear, and rotator cuff tendonitis. The treatment plan recommended left shoulder rotator cuff repair and continued home

strengthening shoulder exercises. The 9/9/15 treating physician report cited grade 6-7/10 bilateral shoulder pain, occasionally increased to grade 8/10. The injured worker had been evaluated by the orthopedic surgeon and was awaiting authorization for left shoulder surgery. A refill of Tramadol was prescribed and the injured worker was capable of modified work. Authorization was requested for left shoulder surgery, Flurbiprofen- Lidocaine 20%, 5% #60gm, and Tramadol 50 mg (quantity unspecified). The 9/28/15 utilization review non-certified the request for left shoulder surgery as a left shoulder open rotator cuff surgery was previously certified on 8/24/15 and additional certification was not necessary. The request for Flurbiprofen-Lidocaine 20%, 5% #60gm was non-certified as all components of this compound medication were not guideline support and there was no indication that standard oral medications had failed. The request for Tramadol 50 mg (quantity unspecified) was non-certified as records did not establish that the injured worker was a current candidate for tramadol relative to recent improvement in activities of daily living or work ability with use of this medication.

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

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

**Left shoulder surgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter. rotator cuff repair.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The California MTUS ACOEM guidelines state that surgical consideration may be indicated for patients who have red flag conditions or activity limitations of more than 4 months, failure to increase range of motion and shoulder muscle strength even after exercise programs, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in the short and long-term, from surgical repair. For partial thickness rotator cuff tears and small full thickness tears presenting as impingement, surgery is reserved for cases failing conservative treatment for 3 months. This injured worker presents with persistent bilateral shoulder pain. Clinical exam is consistent with imaging evidence of a full thickness rotator cuff tear and impingement. The 8/24/15 utilization review provided certification of a left shoulder rotator cuff repair based on positive clinical and imaging findings and failed conservative treatment. The 9/28/15 utilization review noted this previous certification. There is no compelling rationale to support the medical necessity of additional certification of left shoulder surgery at this time. Therefore, this request is not medically necessary.

**Flurbiprofen / Lidocaine 20%, 5% #60gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is only recommended for neuropathic pain in the dermal patch formulation. No other formulations (cream, lotions, or gels) are indicated for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. Guidelines do not recommend topical non-steroid anti-inflammatory drugs (NSAIDs), like Flurbiprofen, for neuropathic pain and state there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine or shoulder. Given the absence of guideline support for all components of this product, this product is not recommended by guidelines. Therefore, this request is not medically necessary.

**Tramadol 50mg (quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Opioids, criteria for use.

**Decision rationale:** The California MTUS indicate that opioids, such as tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain or what benefit has been achieved with the use of this medication. There is no documentation of objective functional benefit with use of this medication. Additionally, this request lacks specificity relative to quantity prescribed. Therefore, this request is not medically necessary.