

Case Number:	CM15-0215663		
Date Assigned:	11/05/2015	Date of Injury:	01/14/2014
Decision Date:	12/23/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, Illinois

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 injured worker is a 30 year old female who sustained an industrial injury on January 14, 2014. Medical records indicated that the injured worker is being treated for right shoulder pain. Medical diagnoses include bilateral shoulder pain, numbness, myofascial pain, chronic pain and mild right carpal tunnel syndrome. In the provider notes dated October 19, 2015, the injured worker complained of bilateral shoulder pain. She states that her pain is getting worse. She has tried and failed Tylenol #3, Vicodin, and TENS. She states that "naproxen is helping minimally." She was given "a steroid injection which helped for a few hours." She describes her pain as aching and stabbing in her shoulders, more on the right. She has numbness in the right thumb and pinky finger. She rates her pain 7 on the pain scale without medications and 5 on the pain scale with medications. Her pain is better with medications and injections and worse with lifting. On exam, the documentation stated that there is "tenderness to palpation in the anterior right shoulder" with "increased pain with abduction of the right shoulder." The drop can test is negative. The Hawkins and Neers tests are positive on the right shoulder. She has full upper extremity strength and her sensation is intact. The treatment plan is for medication and topical analgesic ointment; continue home exercise program, H wave trial, physical therapy and ice application. A Request for Authorization was submitted for Ultram 50 mg QTY. 100; Lidopro ointment Qty. 1. The Utilization Review dated October 1, 2015 denied the request for Ultram 50 mg QTY. 100; Lidopro ointment Qty. 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg qty: 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of bilateral shoulder pain, numbness, myofascial pain, chronic pain and mild right carpal tunnel syndrome. Treatments have included Tylenol #3, Vicodin, and TENS unit. The medical records provided for review do not indicate a medical necessity for Ultram 50mg qty: 100. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is uncertain how long the injured worker has been taking opioids, but the medical records indicate lack of overall improvement with the use of opioids. The records indicate the use of opioids predates 08/2015; the MTUS does not recommend the use of opioids for longer than 2 weeks for the treatment of shoulder injuries, but the requested treatment is for about 25 days use. The medical records indicate the injured worker is not being monitored based on MTUS guidelines. Therefore, the request is not medically necessary.

Lidopro ointment qty: 1: 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 injured worker sustained a work related injury on January 14, 2014. The medical records provided indicate the diagnosis of bilateral shoulder pain, numbness, myofascial pain, chronic pain and mild right carpal tunnel syndrome. Treatments have included Tylenol #3, Vicodin, and TENS unit. The medical records provided for review do not indicate a medical necessity for Lidopro ointment qty: 1. Lidopro is a topical analgesic containing capsaicin, Lidocaine, menthol, and Methyl salicylate. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the presence of menthol makes the compounded drug not recommended; besides, the only Lidocaine formulation recommended is Lidoderm patch. Therefore, the request is not medically necessary.