MAXIMUS Federal Services

Case Number:	CM15-0217290		
Date Assigned:	11/09/2015	Date of Injury:	08/19/2010
Decision Date:	12/28/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/04/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 08-19-2010. She has reported injury to the neck and left shoulder. The diagnoses have included joint pain, left shoulder; joint pain, elbow-upper arm; cervical spondylosis; and cervical radiculopathy. Treatment to date has included medications, diagnostics, and injections. Medications have included Percocet, Ultram, Cyclobenzaprine, Lidocaine Patch, Fenoprofen, Celebrex, Ultram ER, and Omeprazole. A progress report from the treating physician, dated 09-28-2015, documented an evaluation with the injured worker. The injured worker reported left shoulder pain, rated at 9 out of 10 in intensity; status post left acromioclavicular joint and subacromial bursa steroid injection, on 04-07-2015; she denies any constipation or sedation with the opioid prescription; and she is not working at this time. Objective findings included left shoulder with moderate to severe tenderness over the acromioclavicular joint, anterior acromion, and biceps tendon; positive Hawkins test; positive impingement test; pain with abduction of 60 degrees; and the patient has a narcotic contract with me at this office for ongoing opioid therapy. The treatment plan has included the request for Terocin Patch 4 percent Lidocaine to left shoulder, quantity 10, with 2 refills; and Ultram ER 150 mg, quantity 30. The original utilization review, dated 10-02-2015, non-certified the request for Terocin Patch 4 percent Lidocaine to left shoulder, quantity 10, with 2 refills; and Ultram ER 150 mg, quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Patch 4 Percent Lidocaine to Left Shoulder Qty 10 with 2 Refills: 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: Available medical records indicate the patient has ongoing severe shoulder pain. The current request is for Terocin patch 4% Lidocaine to the left shoulder QTY: 10 with two refills. The MTUS guidelines on page 112 on topical lidocaine states, "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). A review of the reports provided shows no discussion of failure of prior first line therapy prior to the request of this topical product and the MTUS guidelines do not support the usage of salicylate topical, an NSAID for the treatment of shoulder and lower back pain. Salicylate topical is supported for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with shoulder pain for which topical NSAID is not indicated and the usage of lidocaine for this patient is not supported by MTUS. The current request is not medically necessary.

Ultram ER 150 MG Qty 30: Upheld

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

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

Decision rationale: Available medical records indicate the patient has ongoing severe shoulder pain. The current request is for Ultram ER 150mg QTY:30. The treating physician states that the patient has a pain score of 7/10. There is no discussion regarding before or after pain scales or any functional improvement achieved with opioid usage. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is documentation stating that there are no adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not medically necessary.