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| Case Number: | CM15-0054001 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 02/20/2007 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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

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 65-year-old female, who sustained an industrial injury on 02/20/2007. She has reported subsequent bilateral shoulder pain and was diagnosed with bilateral rotator cuff reconstruction. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 02/25/2015, the injured worker complained of bilateral shoulder pain. A request for authorization of Lidoderm patches and Ultram was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with shoulder pain radiating to upper extremity rated at 6-7/10. The request is for LIDODERM PATCHES 30 COUNT. The request for authorization is not provided. The patient is status-post bilateral shoulder surgery, dates unspecified. Physical examination of the shoulders reveals well-healed surgical scars on both shoulders and a positive impingement sign, bilaterally. The symptoms are worse during activity, all day, aggravated by lifting, and improved with use of heat and ice. The patient has a signed opiate agreement. The patient's medications include Tylenol, Tramadol and Lidoderm Patches. Per progress report dated, 02/17/15, the patient is temporarily totally disabled. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain, recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Treater does not specifically discuss this medication. In this case, it appears this is the initial trial prescription for the Lidoderm patch, as there is no documentation or discussion by treater of prior use by patient. However, Lidoderm patch is indicated for localized peripheral pain, which the treater does not document. Therefore, the request IS NOT medically necessary.

Ultram 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with shoulder pain radiating to upper extremity rated at 6-7/10. The request is for ULTRAM 120 COUNT. The request for authorization is not provided. The patient is status-post bilateral shoulder surgery, dates unspecified. Physical examination of the shoulders reveals well-healed surgical scars on both shoulders and a positive impingement sign, bilaterally. The symptoms are worse during activity, all day, aggravated by lifting, improved with use of heat and ice. The patient has a signed opiate agreement. The patient's medications include Tylenol, Tramadol and Lidoderm Patches. Per progress report dated, 02/17/15, the patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater does not specifically discuss this medication. Prescription history for Ultram is not provided, other than medication being listed as "currently using" in progress reports. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain

reduction with use of Ultram. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. An opiate agreement is signed, but no UDS, or CURES report is provided. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.