

Case Number:	CM15-0059319		
Date Assigned:	04/03/2015	Date of Injury:	06/16/2000
Decision Date:	06/29/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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 45 year old male, who sustained an industrial injury on 6/16/2000. Diagnoses include impingement syndrome of the right shoulder status post decompression (2005) but 4/11/2012 magnetic resonance imaging (MRI) revealed supraspinatus and infraspinatus tendinosis and interstitial tear, and elbow inflammation status post arthroscopy, synovectomy, removal of loose body, capsulectomy and excision along the tip of the olecranon and fenestration done previously. Treatment to date has included physical therapy, medications, immobilization, diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing and multiple surgical interventions. Per the Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported persistent right shoulder pain within the axilla and bicep tendon as well as pain in the right elbow with numbness, tingling and shooting pain. Physical examination revealed lagging about 90 degrees extension on the right elbow with pain along the ulnar nerve. There was a positive Tinel's test at the elbow. Hyper flexion was also positive on the right. There was myofascial pain throughout the right upper extremity. He had exquisite pain along the biceps tendon on the right as well as pain along the axilla. The plan of care included physical therapy, medications and urine drug screening. Authorization was requested for physical therapy (3x4) for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3x weekly for 4 weeks, right shoulder, per 03/02/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: Per the 03/02/15 report the requesting physician states that the patient presents with persistent severe right shoulder pain s/p rotator cuff surgery 04/28/14 and bicipital tendon surgery 05/29/14. His listed diagnoses include Impingement syndrome of the right shoulder. The current request is for Physical Therapy, 3 x weekly for 4 weeks, right shoulder, per 03/02/15 order. The patient is not working. MTUS pages 98 and 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician states on 03/02/15 that this request is to reduce sensitization as the patient has been diagnosed with CRPS following surgery. It is not clear from the reports provided for review how many sessions of prior therapy the patient has received. The physical therapy notes included for review show that the patient received 7 visits for the right shoulder and elbow from 08/13/14 to 09/18/14 within the post-surgical treatment period for the shoulder. There is no evidence the patient has received recent physical therapy treatment. While the patient may benefit from a course of physical therapy, the requested 12 sessions exceed what is allowed by the MTUS guidelines. The request is not medically necessary.

10-panel urine drug screen, per 03/02/2015 order Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: Per the 03/02/15 report the requesting physician states that the patient presents with persistent severe right shoulder pain s/p rotator cuff surgery 04/28/14 and bicipital tendon surgery 05/29/14. The current request is for 10 Panel Urine Drug Screen per 03/02/15 order QTY: 1.00 The patient is not working. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. The reports provided for review from 09/05/14 to 03/02/15 show the patient has been prescribed opioids since before 09/05/14. There is no evidence of any UDS's run prior to the 03/02/15 request. The 03/13/15 utilization review does not reference over utilization of UDS. In this case, chronic opiate use is documented, and there is no evidence of recent UDS or overutilization of UDS. The request is medically necessary.

Tramadol ER 150mg, per 03/02/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, specific drug list Page(s): 93 and 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88 and 89.

Decision rationale: Per the 03/02/15 report the requesting physician states that the patient presents with persistent severe right shoulder pain s/p rotator cuff surgery 04/28/14 and bicipital tendon surgery 05/29/14. The current request is for Tramadol ER 150 mg per 03/02/15 order QTY: 60.00 an opioid analgesic. The patient is not working. 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. It is unclear from the reports provided how long the patient has been prescribed Tramadol ER; however, chronic opiate use is documented since before 09/05/14. The patient is currently prescribed OxyContin and Percocet in addition to Tramadol. While the 10/24/14 report states that medications, including Percocet and OxyContin, reduce the patient's pain 50% from pain rated 7-10/10, no recent reports document how opioids help this patient's pain. Pain scales or a validated instrument are not routinely used. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales with opioid usage. While reports do state that the patient's medications improve the patient's function, no specific ADLs are mentioned to show a significant change with use of opioids. Furthermore, opiate management issues are not fully documented. There is no discussion of adverse side effects, no mention of CURES and only a recent request for UDS. In this case, Analgesia, ADL's and adverse behavior have not been sufficient documented as required by the MTUS guidelines. The request is not medically necessary.

Lidoderm patches 5%, per 03/02/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Topical lidocaine Page(s): 57, 111 and 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter on Lidoderm.

Decision rationale: Per the 03/02/15 report the requesting physician states that the patient presents with persistent severe right shoulder pain s/p rotator cuff surgery 04/28/14 and bicipital tendon surgery 05/29/14. The patient's listed diagnoses include: Elbow inflammation s/p arthroscopy date unknown. The current request is for Lidoderm Patches 5% per 03/02/15 order QTY: 60.00. The patient is not working. 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, Pain Chapter on Lidoderm, 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. The reports provided for review show that the patient has been prescribed Lidoderm patch since at least 09/05/14. The treating physician states the patient has developed CRPS following shoulder and bicipital tendon surgery in 2014. While the 12/19/14 report does state this medication is for neuropathic pain, the treating physician does not explain how Lidoderm patch helps the patient. Which body parts to be treated is not discussed and recent reports make only a general statements that the patient's medications including Lidoderm patch help the patient's pain and function. In this case, no evidence is provided that Lidoderm patch is effective in treating localized, peripheral neuropathic pain for which this medication is indicated. The request is not medically necessary.