

Case Number:	CM15-0060425		
Date Assigned:	04/06/2015	Date of Injury:	03/22/2010
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
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: 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 55 year old male, who sustained an industrial injury on 3/22/2010. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post right shoulder arthroscopy and rotator cuff repair and right lateral epicondylitis flare. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 2/24/2015, the injured worker complains of right shoulder and right elbow pain. The treating physician is requesting Tramadol and Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50MG #30 X 3 REFILLS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines supports the rational use of opioids when there is meaningful pain relief and functional benefits. It is clearly documented that this individual uses the Tramadol very sparingly i.e. no more than once a day and on some weeks utilizes it 3 times during the week. It is also documented that she gets nearly full pain relief as a result of use. She is willing to return to lighter duties and is involved in a home exercise program. Under these circumstances, the Tramadol 50mg. #30 with 3 refills is supported by Guidelines and is medically necessary.

LIDOCAINE 5% PATCH #30 X 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines supports the use of Lidoderm patches when there is a clear neuropathic pain syndrome causing localized peripheral pain plus there has been a failure of oral medications for neuropathic pain. These standards have not been met. This individual's shoulder pain is not described to be neuropathic and there is no history for the medical necessity or trials of oral medications indicated for neuropathic pain syndromes. Under these circumstances, the Lidocaine 5% patch #30 with 3 refills is not supported by Guidelines and is not medically necessary.