

Case Number:	CM15-0077523		
Date Assigned:	04/28/2015	Date of Injury:	06/24/2010
Decision Date:	09/24/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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 25-year-old female, who sustained an industrial injury on 6/24/10. The diagnoses have included discogenic cervical condition, impingement syndrome of the right shoulder with bicipital tendonitis and rotator cuff strain, chronic pain, sleep disturbance, headaches and depression. Treatment to date has included medications, activity modifications, diagnostics, surgery, 24 physical therapy sessions, small transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). Currently, as per the physician progress note dated 3/11/15, the injured worker complains of pain in the right shoulder that travels to the neck and shoulder blade. She continues to have some loss of motion but it has improved since her surgery. She uses hot and cold wraps and reports depression with sleep problems and stress. The objective findings reveal right shoulder abduction is 170 degrees, external rotation is 70 degrees and internal rotation is 60 degrees. There is tenderness along the triceps and biceps and not as much along the rotator cuff. There is weakness to resisted function noted. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and right shoulder. The reports were not noted in the records. The current medications included Omeprazole, Ultracet, Norco, and Lidopro patches. There was no previous urine drug screen noted. The physician requested treatments included Lidopro patches #15, Norco 5/325mg #60, Lunesta 2mg #30, Pantoprazole 20 mg #60, Tramadol/APAP 37.5/325mg #60 and Four (4) lead TENS unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patches) Page(s): 56, 57.

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization 03/20/14. The request is for Lidopro patches #15. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications. Patient's medications include Omeprazole, Fenoprofen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. MTUS guidelines page 56, 57 Lidoderm (Lidocaine Patches) Section states that "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain, recommended for localized peripheral pain." Lidopro patches were included in patient's medications, per progress reports dated 10/08/14, 12/10/14, 01/28/15 and 04/22/15. It is not known when this medication was initiated. Treater has not provided reason for the request nor location to be treated. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain, which this patient does not present with. There is no documentation of other complaints for which this medication would be considered appropriate. Furthermore, there is no documentation of how Terocin patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization 03/20/14. The request is for Norco 5/325MG #60. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications. Patient's medications include Omeprazole, Fenoprofen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was included in patient's medications, per progress reports dated 10/08/14, 12/10/14, 01/28/15 and 04/22/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Lunesta 2mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter under Eszopicolone (Lunesta).

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization 03/20/14. The request is for Lunesta 2MG #30. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications.

Patient's medications include Omeprazole, Fenoprofen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. "Lunesta was included in patient's medications, per progress reports dated 10/08/14, 12/10/14, 01/28/15 and 04/22/15. It is not known when this medication was initiated. In this case, the patient has been prescribed Lunesta at least since 10/08/14 report. The request for additional quantity 30, cannot be warranted since this request exceeds guideline recommendations. Therefore, the request is not medically necessary.

Pantoprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization. The request is for Pantoprazole 20 MG #60. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications.

Patient's medications include Omeprazole, Fenoprofen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Pantoprazole (Protonix) was included in patient's medications, per progress reports dated 10/08/14, 12/10/14, 01/28/15 and 04/22/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Tramadol/APAP 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization 03/20/14. The request is for Tramadol/APAP 37.5/325MG #60. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications. Patient's medications include Omeprazole, Fenoprofen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Tramadol (Ultracet) was included in patient's medications, per progress reports dated 10/08/14, 12/10/14, 01/28/15 and 04/22/15. It is not known when this medication was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Four (4) lead TENS unit with conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of TENS Page(s): 116.

Decision rationale: Based on the 04/22/15 progress report provided by treating physician, the patient presents with pain in the right shoulder that travels to the neck and shoulder blade. The patient is status post decompression, modified Mumford, biceps tendon release, and stabilization 03/20/14. The request is for four (4) lead tens unit with conductive garment. Patient's diagnosis per Request for Authorization form dated 03/11/15 includes cervical region disc, rotator cuff tear, shoulder impingement and chronic pain syndrome. Treatment to date has included surgery, activity modifications, diagnostics, 24 physical therapy sessions, TENS and home exercise program, and medications. Patient's medications include Omeprazole, Fenopropfen Calcium, Ultracet, Norco, and Lidopro patches. The patient may work modified duty. MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater does not discuss the request. Treater does not specify if this request is for a rental or a purchase. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. With regards to the conductive garment, since TENS unit is not recommended for certification, this associated request is not necessary. Therefore, this request is not medically necessary.