

<b>Case Number:</b>	CM14-0099413		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/07/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40 year old male with date of injury 5/7/2003. The mechanism of injury is stated as a pulling motion on the right shoulder and a twisting motion of the left knee. The patient has complained of right shoulder and left knee pain since the date of injury. He has had a SLAP repair of the right shoulder. He has also been treated with physical therapy and medications. MRI of the left knee performed in 07/2013 revealed a shallow fissure of the parellar cartilage. Objective: right shoulder: decreased and painful range of motion, tenderness to palpation of the right subacromial region, positive Speed's test, positive supraspinatous test. Left knee: tenderness of the medial and lateral joint lines, positive patellar crepitus, positive McMurray's sign. Treatment plan and request: Lorazepam, Flector 1.3%, Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 40 year old male has complained of right shoulder and left knee pain since the date of injury, which was 5/7/2003. He had a SLAP repair of the right shoulder and has also been treated with physical therapy and medications to include Lorazepam since at least 10/2013. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Lorazepam is not indicated as medically necessary.

**Flector 1.3% #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 40 year old male has complained of right shoulder and left knee pain since the date of injury, which was 5/7/2003. He has had a SLAP repair of the right shoulder and has also been treated with physical therapy and medications. The current request is for Flector 1.3%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector 1.3% patch is not indicated as medically necessary.

**Tramadol 50mg #200:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 40 year old male has complained of right shoulder and left knee pain since the date of injury, which was 5/7/2003. He had a SLAP repair of the right shoulder and has also been treated with physical therapy and medications to include Tramadol since at least 10/2013. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.