MAXIMUS Federal Services

Case Number:	CM14-0210308		
Date Assigned:	12/23/2014	Date of Injury:	09/20/2005
Decision Date:	02/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 70 year old male with an injury date of 09/20/05. Based on the 10/01/14 progress report provided by treating physician, the patient complains of pain in the right shoulder, arm and hand. Physical examination to the right shoulder revealed positive impingement and supraspinatus test. Physical examination to the wrist revealed tenderness and positive Phalen's and Tinel's tap test. Range of motion was decreased, especially on adduction 15 degrees. Patient's current medications include Naproxen, Omeprazole, Tramadol, Terocin patch and topical creams. Pain level is 8/10 without and 6/10 with medications. Patient is temporary totally disabled. Diagnosis (10/29/14) - Internal derangement right shoulder - Hand sprain/strain, right - Insomnia. The utilization review determination being challenged is dated 11/18/14. The rationale follows: 1) Terocin patches: "There is no documentation of any trial and failure with first-line therapy for peripheral pain" 2) Tramadol: "Partial certification is provided to allow an opportunity for submission of medication compliance guidelines". Treatment report was provided for 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patches #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Lidodcaine Page(s): 56-57; 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm® (lidocaine patch).

Decision rationale: The patient presents with pain in the right shoulder, arm and hand. The request is for Terocin Patches #30. Range of motion was decreased, especially on adduction 15 degrees. Patient's current medications include Naproxen, Omeprazole, Tramadol, Terocin patch and topical creams. Pain level is 8/10 without and 6/10 with medications. Patient is temporary 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 has not provided reason for the request. The patient has wrist and hand pain, but there is no evidence that the etiology is that of neuropathic pain. For the use of topical lidocaine patches, peripheral, localized neuropathic pain is required per guidelines. Furthermore, the treater does not discuss how it is used with what efficacy.
Furthermore, the treater has not provided any documentation showing evidence of a trial of first-line therapy. Therefore, the request is not medically necessary.

Tramadol 150mg #30: 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): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with pain in the right shoulder, arm and hand. The request is for Tramadol 150MG #30. Range of motion was decreased, especially on adduction 15 degrees. Patient's current medications include Naproxen, Omeprazole, Tramadol, Terocin patch and topical creams. Pain level is 8/10 without and 6/10 with medications. Patient is temporary 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. MTUS pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater has not provided reason for the

request. In this case, treater has not stated how Tramadol reduces pain and significantly improves her activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. If treater's intent was to initiate this opiate for chronic pain, it would be allowed by MTUS based on records with regards to current medication use, aim of use, potential benefits and side effects, which have not been provided. Given the lack of documentation as required by MTUS, the request is not medically necessary.