

Case Number:	CM15-0076858		
Date Assigned:	04/28/2015	Date of Injury:	09/12/2013
Decision Date:	06/30/2015	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: Texas, California
 Certification(s)/Specialty: Family Practice

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 38 year old female injured worker suffered an industrial injury on 09/12/2013. The diagnoses included shoulder impingement. The diagnostics included right shoulder and cervical magnetic resonance imaging. The injured worker had been treated with medications. On 3/9/2015 patient has had pain in right shoulder and neck with numbness at 8/10 and Physical examination revealed left shoulder had full range of motion and right shoulder had limited range of motion with improved muscle spasms to upper back. The cervical spine had reduced range of motion. The treatment plan included Medipatch with Lidocaine, Ultracet, Fenoprofen 400mg and Tramadol, and Flurbiprofen Cream. The patient sustained the injury due to forceful hyper abduction of the right arm the medication list include Tramadol, Norco, Lidoderm patch, Lunesta and Prilosec. The patient's surgical history include right shoulder arthroscopic surgery on 3/11/14 The patient has had MRI of the right shoulder on 10/31/13 that revealed tear of the supraspinatus and MRI of the cervical spine on 5/9/14 that revealed disc herniation Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medipatch with Lidocaine #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidoderm (lidocaine patch) Page(s): 56, 57, 111 and 112.

Decision rationale: Request: Medipatch with Lidocaine #30. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medication Medipatch with Lidocaine #30 is not medically necessary.

Ultracet 37.5 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain, (Effective July 18, 2009) Page(s): 75 and 82.

Decision rationale: Ultracet 37.5mg #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The diagnoses included shoulder impingement. On 3/9/2015 patient has had pain in right shoulder and neck with numbness at 8/10 and Physical examination revealed left shoulder had full range of motion and right shoulder had limited range of motion with improved muscle spasms to upper back. The cervical spine had reduced range of motion. The patient's surgical history include right shoulder arthroscopic surgery on 3/11/14 The patient has had MRI of the right shoulder on 10/31/13 that revealed tear of the supraspinatus and MRI of the cervical spine on 5/9/14 that revealed disc herniation Patient is already taking a NSAID. The patient has chronic pain and the patient's

medical condition can have intermittent exacerbations. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Ultracet 37.5mg #60 is deemed as medically appropriate and necessary

Tramadol ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics, Opioids for neuropathic pain, (Effective July 18, 2009) Page(s): 75 and 82.

Decision rationale: Tramadol ER #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines Central acting analgesics is an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultracet) are reported to be effective in managing neuropathic pain. Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. The dose of the Tramadol ER was not specified in the request. The patient's need for Ultracet 37.5mg #60 is established. Ultracet also contains Tramadol. The detailed response of Ultracet 37.5 MG #60 (without the additional Tramadol tablet) was not specified in the records provided. The rationale for adding Tramadol ER #60 in addition to Ultracet 37.5mg #60 was not specified in the records provided. The medical necessity of the request for Tramadol ER #60 is not medically necessary for this patient.

Flurbiprofen Cream Apply 3 Times A Day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

Decision rationale: Flurbiprofen Cream Apply 3 Times A Day. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS

guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. Cyclobenzaprine is a muscle relaxant. Per the cited guidelines, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. As per cited guideline there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The medication Flurbiprofen is a NSAID In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Flurbiprofen Cream Apply 3 times a day is not medically necessary.