MAXIMUS Federal Services

Case Number:	CM15-0093893		
Date Assigned:	05/20/2015	Date of Injury:	07/08/2009
Decision Date:	06/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, 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 injured worker is a 62 year old female who sustained an industrial injury on 7/8/09. The injured worker has complaints of left shoulder pain. The diagnoses have included left shoulder impingement/bursitis. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine impression was mild degenerative disc disease with facet arthropathy and retrolisthesis, L4-5 and canal stenosis includes L4-5 mild canal stenosis and neural foraminal narrowing includes L4-5 mild caudal right neural foraminal narrowing; 2-demensional echocardiogram study with Doppler analysis showed mild dilated left atrium, mild sclerotic mitral and aortic valve with normal cusps excursion, mitral regurgitation 1+, tricuspid regurgitation 1+ and E to A reversal associated with diastolic dysfunction; corticosteroid injections; left shoulder arthroscopic surgery on 8/13/12; magnetic resonance imaging (MRI) of the left shoulder on 3/19/15 showed superior labrum, anterior to posterior lesion seen extending to but not avulsing the biceps anchor with tearing to the anterior and posterior mild to inferior labra with posterior interior paralabral cyst formation and left shoulder X-rays on 1/14/15 showed evidence of past distal clavicle resection and no acute fractures, dislocations or bony pathology; home therapy and physical therapy. The request was for ultracet quantity 120 and CM14-cap 0.55+cycle 4 percent quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Synthetic Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Ultracet contains Tramadol which is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on Tylenol #3 which had affected the claimant mentally. No one opioid is superior to another and there was no justification for the change/request for Ultracet. Titration of medication or failure of Tylenol was not noted. The request for Ultracet is not medically necessary.

CM14-Cap 0.55+Cycle 4% Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The claimant had been on other topical medications including Capsaicin and Terocin.Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound above contains Cyclobenzaprine, the compound in question is not medically necessary.