

Case Number:	CM13-0010288		
Date Assigned:	09/17/2013	Date of Injury:	05/08/2008
Decision Date:	01/14/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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 physician 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 claimant is a 67 year-old female who treated with [REDACTED] between 07/18/12 and 06/05/13 for right shoulder pain. Right shoulder pain and dysfunction and a right shoulder rotator cuff tear were diagnosed. During that time he treated with Norco, topical compounds for pain and inflammation, weight loss program, Tramadol, Medrox and Prilosec. [REDACTED] saw the claimant on 07/03/13 reporting constant right shoulder pain, stiffness and heaviness radiating to the right upper trapezius muscle. Examination of the right shoulder showed decreased and painful motion. There was 3+ tenderness to palpation of the anterior shoulder, posterior shoulder, lateral shoulder, acromioclavicular joint, trapezius and supraspinatus. Hawkins and Speed tests were positive. A home exercise program, Naproxen, Prilosec, Tramadol and Medrox ointment were recommended. [REDACTED] reviewed the case on 07/30/13 and denied requests for medications; including Omeprazole and Tramadol; the indication for the denial of the Omeprazole was not clear. Regarding the Tramadol, it was noted that Tramadol is an opioid analgesic and not recommended as a first line oral analgesic compared to combination of Hydrocodone/Acetaminophen. It was noted that it was not clear why just over the counter NSAIDs as recommended by the evidence based guidelines, would not be sufficient. [REDACTED] re-evaluated the claimant on 07/31/13 for constant right shoulder pain rated 9/10 and stiffness. Examination of the right shoulder was unchanged. Home exercises, Prilosec, Tramadol, and Medrox ointment were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Medrox ointment 120gm - DOS 7/3/2013: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Medrox is a topical compound that consists of Methyl Salicylate 20.00%, Menthol 5.00%, and Capsaicin 0.0375%. CA MTUS with respect to topical analgesics states that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended", "Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy". As the requested ointment contains a Capsaicin in a formulation that is not recommended, the compound ointment as a whole cannot be recommended as medically necessary.

Retrospective Naproxen 550mg #90 - DOS 7/3/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and NSAIDs Page(s): 66-67.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS states "Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis", "NSAIDs: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors". This claimant is diagnosed with shoulder pain and has been treated with medications inclusive of NSAIDs dating back to 2012. Guidelines allow for the use of NSAIDs in the lowest dose for the shortest period of time in the treatment of osteoarthritis and in this case that diagnosis is not present and the records suggest that Naproxen has been used long-term; based on both of these things the requested Naproxen is not recommended as medically necessary.

Retrospective Omeprazole 20mg #90 - DOS 7/3/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

Decision rationale: The Physician Reviewer's decision rationale: Upon review of the medical record as well as the California MTUS guidelines, the use of Omeprazole cannot be deemed reasonable without clinical documentation as to risk factors the claimant may have in regard to anti-inflammatory. From the medical records provided, there was no evidence of any preexisting gastrointestinal events or cardiovascular disease.

Retrospective Tramadol 50mg #60 - DOS 7/3/2013: 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-Tramadol (Ultram) Page(s): 91-94.

Decision rationale: The Physician Reviewer's decision rationale: Per California MTUS guidelines, the use of tramadol for ongoing chronic pain management should be documented with the lowest possible dose and ongoing review for pain. Lack of documentation showing whether the claimant has had lack of response to just conservative nonsteroidal anti-inflammatories would dictate that tramadol does not appear to be reasonable at this point.