

Case Number:	CM13-0012733		
Date Assigned:	09/19/2013	Date of Injury:	03/31/2003
Decision Date:	01/30/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/13/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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.

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 51-year-old female presenting with shoulder pain following a work-related injury on 3/31/2003. The claimant reports that the right shoulder is worse than the left shoulder. The pain is described as sharp, popping and locking. The pain is exacerbated by lifting and reaching. The pain is associated with numbness, neck pain and left wrist pain and right elbow pain. The claimant's relevant medications include Advil, glucosamine, Tylenol, topical creams, and sleep medication. The claimant's physical exam is significant for limited range of motion of the cervical spine associated with some stiffness, arthroscopic scars of the bilateral shoulders, tenderness, and decreased range of motion. The physical exam also showed shoulder impingement testing eliciting pain, medial elbow tendinitis, positive Phalen's test bilaterally, diminished sensation in the median and ulnar distribution. X-rays of the shoulder demonstrate postsurgical changes with thinning of the acromion and evidence of resection of the distal clavicle. The claimant had bilateral arthroscopy and rotator cuff repair, carpal tunnel surgery and removal of the wrist cyst. The claimant was diagnosed with mild cervical discopathy, right shoulder impingement, carpal tunnel syndrome status post release, left wrist ganglion cyst, status post right shoulder arthroscopy, left shoulder arthrosis, and depression. The claimant is requesting authorization for naproxen, tramadol, Cartivisc, Omeprazole, FluriFlex, and TGHOT compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg QTY: 100 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 67.

Decision rationale: Per MTUS guidelines page 67, NSAIDS is recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. The claimant's active list of medications already includes Advil another type of NSAID. Naproxen is therefore not recommended.

Tramadol APAP 37.5-325 mg QTY:100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 83.

Decision rationale: Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. The medical records do not indicate how long Tramadol will be prescribed or if there was documentation of failed therapy with Acetaminophen and/or NSAIDS.

Cartivisc 500-200-150 mg QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 50.

Decision rationale: Cartivisc is a combination medication including Coumadin, Glucosamine and Chondroitin. Page 50 of MTUS states that Glucosamine and Chondroitin is recommended for moderate pain due to arthritis. MTUS does not have a statement on Coumadin for chronic pain. Given, however, MTUS states that "any compounded product that contains at least one drug or drug class that is not recommended, is not recommended" Cartivisc is not medically necessary.

Omeprazole 20mg QTY: 100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009)
Page(s): 50.

Decision rationale: The MTUS, chronic pain, pages 68-69 address the indications for PPIs. Omeprazole is not medically necessary due to the risk associated with long-term use. Additionally, the medical records do not provide an indication for Omeprazole in this case.

FluriFlex compound cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009)
Page(s): 111.

Decision rationale: According to California MTUS, 2009, chronic pain, page 111, "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Fluriflex is a compounded drug containing a topical NSAID and cyclobenzaprine. Topical muscle relaxants are not recommended per the MTUS, chronic pain, topical analgesics. The medical records also do not indicate the length of use.

TGHot compound cream 8-10-2-05% 180gm for neck, hands, shoulders as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009)
Page(s): 112.

Decision rationale: TGHot is a compound cream containing Capsaicin. Per MTUS page 112, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations at 0.025% or 0.075% is recommended. The medical records do not indicate that the claimant has fibromyalgia, osteoarthritis or nonspecific back pain. In regards to the topical NSAID, MTUS guidelines indicates this medication for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Topical Capsaicin is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The medical records also do not indicate the length of use.