

Case Number:	CM13-0028704		
Date Assigned:	11/27/2013	Date of Injury:	05/01/2012
Decision Date:	01/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/25/2013

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 Orthopedic 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 41-year-old gentleman injured in work related accident on 05/01/12. Records indicate he sustained injuries to the neck, right shoulder, and low back at the time of the injury. A recent assessment of 10/17/13 indicates follow up with [REDACTED] for continued subjective complaints of bilateral shoulder pain, wrist symptoms stating he has been utilizing medications but has had Gastrointestinal irritation and has been unable to use oral medications due to this. Physical evaluation was specific to the bilateral shoulders and wrists showing positive Acromioclavicular tenderness, cross arm testing, and impingement signs bilaterally. Sensation and motor tone was noted to be intact with the wrist showing a movable ganglionis mass on the dorsal aspect of the wrist with full range of motion and no tenderness. Radiographs reviewed showed Acromioclavicular joint degenerative changes and mild glenohumeral joint degenerative changes. The claimant was given the working assessment of status post right shoulder surgery for adhesive capsulitis, status post left shoulder dislocation, bilateral shoulder impingement with left shoulder instability, and a right wrist ganglion cyst. Records dating back to June of 2013 failed to show specific findings or clinical complaints regarding the claimant's lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine surgeon consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg. 127

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines referral for a lumbar spine surgical consultation would not be indicated. While the claimant continues to be with subjective evidence of low back pain from time of injury, there is no documented or recent clinical findings supporting any low back issues. Absent documentation of progressive neurologic dysfunction or imaging supporting need for surgical process, the role of a surgical consultation at this stage in claimant's clinical course of care would not be supported

Terocin Pain Cream Relief lotion 4 oz prescribed dispensed 8.21.13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines the role of Terocin pain cream would not be indicated. Terocin is noted to be a combination of Methyl Salicylate, Capsaicin, Menthol, and Lidocaine. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, compounded topical agents are largely experimental with few randomized clinical trials demonstrating their efficacy and safety and also goes on to indicate that if any one agent is not supported the agent as a whole is not supported. In this topical agent the need for topical Lidocaine and Capsaicin would only be indicated after evidence based failure of first line therapies including Tricyclic antidepressants or neuropathic agents such as Gabapentin or Lyrica. Documentation of the such is not noted. Thus the lack of support for Lidocaine or Capsaicin would fail to necessitate the combination topical unit as a whole.

Omeprazole 20mg 30 prescribed dispensed 8.21.13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California Medical Treatment Utilization Schedule (MTUS) Guidelines the role of Omeprazole would not be indicated. The last clinical assessment indicates the claimant was unable to take oral medication due to "Gastrointestinal irritation". The claimant's current lack of use of nonsteroidal medication would fail to necessitate the role of this protective Gastrointestinal irritation proton pump inhibitor. Formal documentation of the

claimant's "Gastrointestinal irritation" with physical examination or supportive clinical findings would also fail to necessitate continued use of Omeprazole from work related complaint.

Cyclobenzaprine 7.5mg prescribed dispensed 8.21.13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Based on California California Medical Treatment Utilization Schedule (MTUS) chronic pain guidelines continued use of Cyclobenzaprine would not be indicated. Guidelines only recommend the role of non-sedating muscle relaxants with caution as a second line or short term option for acute exacerbation in patients with chronic low back pain. Records would not indicate their need for shoulder diagnosis in question. Given the claimant's longstanding history and absence of physical examination findings, there would be nothing indicative of continued use of this muscle relaxant agent at this stage in clinical course of care. As stated guidelines typically would not support the use of this agent for longer than four weeks.

Hydrocodone/APAP 7.5/325mg prescribed dispensed 8.21.13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Continued use of Hydrocodone in this case also cannot be supported. California Medical Treatment Utilization Schedule (MTUS) Guidelines in regards to use of opioids indicate that they are to be continued if there is evidence of increased or return to work status or the patients are improving in both functionality and pain levels. Records in this case do not indicate functional improvement in regards to activity related status or usage of medication agents. The claimant's current diagnosis of status post right shoulder surgery with bilateral impingement syndrome also would not necessitate the chronic use of narcotic analgesics. Given the above the continued use of this agent would not be supported.