MAXIMUS Federal Services

Case Number:	CM13-0035354		
Date Assigned:	01/03/2014	Date of Injury:	06/18/1998
Decision Date:	03/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine 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 patient is a 58-year old female who was injured on 06/18/1998. She is formally diagnosed with neck sprain, lumbosacral sprain, Right rotator cuff tear with subacromial bursitis, rotator cuff syndrome and internal derangement of knees in a note dated 9/6/13. Medications prescribed: 09/06/2013- Norco 10/325 mg, Valium 10 mg, and Terodoloricin to be applied twice daily to the skin (patient has no reported changes in condition). 07/24/2013- Norco 10/325 mg, Valium 10 mg, and Terodoloricin to be applied twice daily to the skin (patient has no reported changes in condition). 06/03/2013- Norco, Valium and Terocin (dosages unknown and effectiveness unknown) 05/20/2013- Norco, Valium and Terocin (dosages unknown and effectiveness unknown) 05/06/2013- Norco, Valium and Terocin (dosages unknown and effectiveness unknown) 02/01/2013- Norco, Valium and Terocin (dosages unknown and effectiveness unknown) Drug screen dated 06/04/2013 detected numerous drugs (including dilaudid, morphine, codeine, methadone, and barbiturates) that were not expected to be detected with the prescribed medications of Cyclobenzaprine and Ketoprofen MRI of the right shoulder without contrast performed on 01/09/2012 revealed: 1. Degenerative osteoarthritis of the acromioclavicular joint with severe subacromial/ sub deltoid bursitis. 2. MRI findings are consistent with recurrent tear of supraspinatus tendon without retraction. 3. Large joint effusion. Primary treating physician's progress report of 09/06/2013 by [redacted] found the patient to complain of severe pain on the left side of her neck with stiffness and spasm. She complains of pain and locking at the right thumb, index and middle fingers. She continues to complain of severe pain in the back, bilateral knees and right shoulder with stiffness. There was also numbness, tingling and radiating pain in bilateral hands. Examination of the cervical spine reveals tenderness to palpation and spasm in the paravertebral and trapezius muscles. Examination of the thoracic reveals tenderness to palpation and spasm in the paravertebral

muscles. Examination of the right shoulder reveals tenderness to palpation with flexion and extension. Examination of the bilateral knees reveals tenderness to palpation with effusion. Neurologic examination of the upper extremities is positive. Authorizations for Norco (hydrocodone/APAP) 10/325 mg, Valium (Diazepam) 10 mg, Terodolorcin (Terocin lotion) 120 ml (NDC#50488-1129-01) and 30 gm Flurbi 25%-Menth 10%-Camph 3%-Cap 0.375% topical cream are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urinalysis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.cigna.com/healthinfor/hw6580.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aafp.org/afp/viewRelatedDocumentsByMesh.htm?meshId=D016482.

Decision rationale: The CA MTUS are silent as to the need for urinalysis. Per the guidelines referenced above (Urinalysis: A Comprehensive Review), "urinalysis is invaluable in the diagnosis of urologic conditions such as calculi, urinary tract infection (UTI), and malignancy. It also can alert the physician to the presence of systemic disease affecting the kidneys." On 7/24/13, [redacted] notes that the patient should follow up with her primary care physician for management of her diabetes. Patients with diabetes should have urinalysis done at least on an annual basis to evaluate for proteinuria, and is some cases ketonuria if diabetic ketoacidosis is suspected. Thus, the request for urinalysis is certified.

Norco (Hydrocodone/APAP) 10/325mg 1-2 q4-6hrs #60 x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Page(s): 75-90.

Decision rationale: The patient has a history of more than one year of Norco use without any significant changes in functioning and pain. Criteria for continuance of opioids include improved functioning and pain and that the patient has returned to work. She has not returned to work at this time and her pain has not improved per all of the notes. Furthermore, the patient had a positive urinary drug screen for substances which were not prescribed such as dilaudid, morphine, methadone and codeine. Some of the aforementioned narcotics are more potent analgesics than Norco, and should be managed under the direct supervision of a physician, preferably a pain specialist. Lastly, the concomitant use of opiod analgesics such as norco, morphine and dilaudid, with benzodiazepines such as diazepam, should be avoided. The

combination of opiates and benzodiapines can result in respiratory depression and/or death. It should also be mentioned that both of these classes of medications have high abuse potential, can result in dependence, and in the case of benzodiazepines, abrupt withdrawal can lead to death. Weaning of the medications should be in compliance with the Weaning section of the guidelines. Therefore, this medication is non-certified.

Valium (Diazepan) 10mg 1-2 q6-8 hrs #30 x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient has a history of more than one year of Valium use without any significant changes in functioning and pain. Benzodiazepines are not recommended for long term use as there is limited evidence of its efficacy and there is risk for dependence. They should not be used for longer than 4 weeks. Furthermore, the patient had a urinary drug screen which demonstrated several opiod analgesics that were not prescribed to her (i.e. codeine, morphine, dilaudid). The concomitant use of opiod analgesics and benzodiazepines can result in respiratory depression and death. Benzodiazepines should be weaned off slowly under the supervision of a physician. Therefore, this medication is non-certified.

Terodolorcin (Terocin lotion) 120mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28,111.

Decision rationale: According to the medical treatment guidelines the recommended Terocin cream does not meet the criteria. Terocin's active ingredients include methyl Salicylate (25%), capsaicin (.025%), menthol (10%) and Lidocaine (2.50%). Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines for Lidocaine state that it is approved in a patch formulation for neuropathic pain after 1st line treatments such as antidepressants and/or gabapentin have failed. This patient is not taking antidepressants or gabapentin. Therefore, this medication is non-certified.

Flurbi 25% Meth 10% Camph 3%/Cap 0.75% topical cream 30mg: 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): 111-113.

Decision rationale: The medication has listed ingredients of flurbi 25% Meth 10% Camph 3% and Cap 0.75%. The CA MTUS state that compounded topical analgesics must have ingredients which are all approved for use, which is not the case in the situation. Furthermore, there is no evidence to suggest that Capsaicin cream dosages above 0.025% have any added benefit. The CA MTUS on Flurbi- a topical NSAID state the Indications for use are for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Thus, this medication is non-certified.