

Case Number:	CM13-0036914		
Date Assigned:	03/28/2014	Date of Injury:	11/30/2012
Decision Date:	05/02/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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 41 year old male who was injured on 11/30/2012 while he was taking a tray out of the freezer when he felt discomfort in the right shoulder and neck all the way down to the back. Diagnostic studies reviewed include x-rays of the right shoulder performed on 07/18/2013 revealed moderate AC DJD. Doctor's First Report of Occupational Injury note dated 08/28/2013 states the patient has a complaint of neck and right shoulder pain, low back pain, and right leg symptoms x10 months. He has not had any physical therapy, chiropractic treatment, acupuncture, injections or surgery. He reports he was prescribed medications only. Objective findings on exam revealed he is diffusely tender throughout the cervical region and right trapezius. He is tender to palpation in the right paraspinal musculature. He is tender to palpation in the lumbar region. His neurologic examination revealed sensation is within normal limits. His upper extremity motor strength is 5/5. Lower extremity reflexes are diminished. Straight leg raise provokes low back pain only. There is negative slump test. The patient is diagnosed with neck pain, lumbar radiculopathy and thoracic pain. PR2 dated 08/15/2013 indicated the patient has complaints of right shoulder, neck and mid back symptoms. He currently rates his pain an 8-10/10 on the pain scale. He notes that he did not yet see [REDACTED] in regards to his spine complaints. With regards to his medications, he notes that the Naproxen is hurting his stomach and Tramadol is not helping his symptoms. Objective findings on examination the right shoulder revealed range of motion flexion is 0 to 160; abduction 0 to 160; IR 0 to 160; ER 0 to 70; adduction and extension 0 to 40. He has positive bursitis and impingement symptoms. He is tender to palpation over the AC joint. There is pain with cross-arm testing in the AC joint; positive spasms in the trapezius region. He has positive O'Brien's test; 5-/5 strength in all quadrants. There is no sign of infection. He is tender to palpation in the paraspinal musculature with pain on extension. The patient is diagnosed with 1) Right shoulder bursitis and

impingement; 2) Right shoulder AC DJD and 3) Thoracic and cervical spine strain/sprain. The patient is recommended a home exercise program for his orthopedic symptoms. He was advised to discontinue the anti-inflammatories and Tramadol, as they have been causing side effects and not helping his symptoms. A MRI is requested to further evaluate his persistent pain and symptoms along with requests for Terocin pain patch and hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF HYDROCODONE/APAP 5/325MG, 2 PER DAY, #90 DOS: 8/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-97.

Decision rationale: This a request for hydrocodone/APAP for chronic neck, back and shoulder pain. Long-term opioid use for chronic pain has not been shown to lead to positive outcomes in terms of pain, function, or quality of life. There is no documentation of functional improvement or pain reduction attributable to use of this medication. Hydrocodone/APAP is non-certified.

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF TEROGIN PAIN PATCH, #14 (1 BOX) DOS: 8/15/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: This is a request for Terocin pain patch, a combination of menthol and lidocaine, for chronic pain. Lidocaine may be recommended for neuropathic pain after a failed trial of first-line oral therapy for neuropathic pain, which is not documented in this case. Further, it is not clear that this patient is suffering from neuropathic pain. Menthol is not specifically recommended. Medical necessity is not established. Terocin pain patch is non-certified.