

Case Number:	CM13-0040260		
Date Assigned:	03/21/2014	Date of Injury:	10/26/2012
Decision Date:	05/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 55 female who was injured on 10/26/2012 while lifting a case of meat when her left arm started shaking. Prior treatment history has included physical therapy and Norco. There are no diagnostic studies for review. There are no toxicology reports for review. PR2 dated 02/26/2014 indicated the patient continues to have left shoulder pain that persist. She continues to have restricted range of motion. Objective findings on exam revealed left shoulder range of motion is decreased by 90% in all directions. PR2 dated 01/21/2014 is essentially unchanged from note 02/26/2014. PR2 dated 09/11/2013 indicated the patient is complaining of 7.5-8/10 left shoulder pain. She still has pain and decreased range of motion. She had a surgery in April and she is stating that her left shoulder has not improved. She states that she is in a constant pain. The medications have been helping. She is undergoing physical therapy; however, it is hard to determine if it has been helping her range of motion. Objective findings on examination of the left shoulder revealed range of motion is decreased by 90% in all direction. Impingement sign is positive. It is recommended that the patient continue physical therapy and continue taking medications. PR2 dated 07/30/2013 indicated the patient has complaints of severe shoulder pain. She has severe limitation of the left shoulder range of motion. She states she is taking medications around the clock to control her pain. Objective findings on exam revealed range of motion is decreased to 90% in all directions. PR2 dated 06/11/2013, 05/14/2013 are the same documenting unchanged symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT: 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): 104,111-113.

Decision rationale: According to the references, Medrox is a topical product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. CA MTUS Chronic Pain Treatment Guidelines indicates Capsaicin is recommended only after failure of first line, for patients who have not responded or are intolerant to other treatments. The viewed documentation failed to document first line treatment, and therefore does not establish failure or intolerance to other treatments. In addition, the guidelines state 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. Therefore, Medrox ointment does not meet medical necessity under the current guidelines.

OMEPRAZOLE DR 20MG PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI SYMPTOMS, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-73.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). However, none of the above listed criteria apply to this patient. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at risk for GI events. In accordance with the CA MTUS guidelines, Omeprazole 20 mg P.O QD is not medically necessary.

HYDROCODONE/ NORCO APAP 10/325 2 TABLETS PO TID #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID CLASSIFICATIONS: SHORT-ACTING/LONG-ACTING OPIOIDS Page(s): 74-91.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as short-acting opioids, which are seen as an effective

method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical documents do not support continuation of opioid pain management. There is no mention of improvement with opioid treatment. There is no mention of alternative treatment. There was no mention of improved quality of life. Random toxicology screens were not mentioned or provided. Therefore, according to the CA MTUS, the request for hydrocodone 10/325 is not medically necessary.