

Case Number:	CM13-0045443		
Date Assigned:	12/27/2013	Date of Injury:	08/23/2009
Decision Date:	10/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/12/2013

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 Interventional Spine 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 56-year-old female with an injury date of 08/23/09. Based on the 08/28/13 progress report provided by [REDACTED] the patient complains of bilateral shoulder pain rated 8/10. She is status post left shoulder arthroscopic subacromial decompression bursitis 01/21/13. Her medications include Norco for pain, Prilosec for GI upset and Terocin patches to decrease oral intake of medications. The medications help decrease pain and increase activities of daily living. She denies side effects of medications. Patient continues with home exercise program. Patient is temporarily totally disabled. Diagnosis 08/28/13- left shoulder ASAD/DCR on 01/21/13- right shoulder bursitis/impingement- right shoulder AC DJD- right shoulder intramuscular lipoma- bilateral shoulder capsulitis. Per 08/07/13 progress report provided by [REDACTED] the patient also complains of neck and low back pain rated 8-9/10. Physical exam to the cervical spine reveals decreased range of motion, especially on left lateral bending 10 degrees and on extension 5-10 degrees. Sensory exam reveals diminished sensation of the bilateral C6, C7, and C8 dermatomes. Reflexes for upper and lower extremities are normal. Diagnosis 08/07/13- chronic neck pain- cervical stenosis- bilateral shoulder arthralgia with impingement, right greater than left- bilateral shoulder bursitis and impingement- bilateral shoulder AC DJD- left shoulder partial interstitial tear, supraspinatus tendon- right shoulder intramuscular lipoma- cervical HNPS, and possible cervical syrinxMRI of the Cervical Spine 01/11/13- degenerative disc disease and facet arthropathy with anterolisthesis C3-4 and retrolisthesis C4-5- canal stenosis includes C3-4 mild to moderate, C4-5 moderate, C5-6 mild to moderate canal stenosis- neural foraminal narrowing includes C5-6 moderate neural foraminal narrowingThe utilization review determination being challenged is dated 10/29/13. The rationale follows:1) MRI of the cervical spine: "No indication for repeat MRI 4 years after injury."2)

Terocin patches #1 box: "Menthol is not recommended." 3) Lidopro topical ointment 4oz.: "menthol is not recommended." 4) Hydrocodone/APAP 10/325mg #90: "no rationale was given for reimplementing this medication." 5) Omeprazole 20mg #60: "she had gastritis from the naproxen and was advised to stop NSAIDS." [REDACTED] is the requesting provider and he provided treatment reports from 01/11/13 - 09/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM Guidelines state, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Though sensory findings from physical exam dated 8/07/13 reveals diminished sensation of the bilateral C6, C7, and C8 dermatomes, the examination is unremarkable. In this case, the patient is not flared-up with increased symptoms, and does not present with any red flags such as myelopathy, bowel/bladder symptoms. As such, the request is not medically necessary.

Terocin patches #1 box: Upheld

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

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

Decision rationale: MTUS guidelines state topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Patient does not present with pain that is peripheral and localized neuropathicly. Per guidelines, Terocin patch is not indicated in this case. As such, the request is not medically necessary.

LidoPro topical ointment 4 oz: Upheld

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

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

Decision rationale: The MTUS has the following regarding topical creams: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The requested topical ointment is not indicated by MTUS, and is therefore not medically necessary.

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

Decision rationale: MTUS Guidelines state pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 69.

Decision rationale: The physician requested authorization for Naproxen in a progress report dated 08/07/13, and he states prescribing Prilosec for GI upset, which indicates prophylactic use. The request is in-line with MTUS guidelines, and is therefore medically necessary.