

Case Number:	CM13-0047176		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2002
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old male with a date of injury on May 17, 2002. The mechanism of injury was cumulative trauma. The patient has continued persistent left shoulder pain, and physical examination reveals decrease range of motion as well as tenderness. Treatment to date has included shoulder surgery, physical therapy, and medication management. A utilization review determination on October 28, 2013 had noncertified the request for Norco and trial of Terocin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-80.

Decision rationale: In the case of this injured worker, there appears to be monitoring for aberrant behaviors in the form of urine drug testing. The submitted documentation includes a collection of urine sample for drug testing on November 21, 2013 with a consistent result. There is however a lack of documentation of the functional benefit of narcotic pain medication which is

a requirement of the California Medical Treatment and Utilization Schedule. Given this lack of documentation, the utilization review decision is upheld. The patient should be tapered off narcotic pain medication or the requisite information concerning functional benefit and any adverse side effects should be specified.

A trial of Terocin cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-113.

Decision rationale: With regards to this injured worker, the request for lidocaine topically is recommended only for localized neuropathic pain. This injured worker has traumatic arthritis of the shoulder due to cumulative trauma injury and therefore lidocaine is not indicated for the Chronic Pain Medical Treatment Medical Guidelines. Furthermore, if one component of a compounded formulation is not recommended, then the entire formulation is not recommended. The Terocin cream is not recommended.