

Case Number:	CM13-0064107		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2011
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 61-year-old male who was injured on 06/29/2011. He reported he was a passenger in a small cart while his co-worker was driving. He stated his body went down and the cart came back up, he struck his right shoulder against the lock on the hard plastic window. He experienced immediate pain to his right shoulder. The prior treatment history has included physical therapy, cortisone injection, epidural injection, psychological treatment, TENS unit, and a home exercise program. The patient was provided nerve, inflammation, pain and sleeping medications and analgesic ointments. The patient underwent a right shoulder arthroscopy surgery in 2009 and two additional surgeries to his right shoulder. The patient's medications as of 11/05/2013 include (No VAS reported): Vicodin, Tramadol, Ambien, and Lyrica. The "provided" medications as of 10/07/2013 include (VAS was 7/10 with medications and 3-4/10 without medications): Terocin pain patch, Ambien, Vicodin, Flurbiprofen, Gabacyclotram Genicin # 90 capsules, and Somnicin #30 capsules. The qualified medical exam (QME) dated 11/05/2013, indicated that the patient complained of pain in his right shoulder. His pain continued to radiate to his right bicep, shoulder blade, right side of chest and clavicle. The patient continued to suffer from constant muscle spasms, twitching, popping and grinding sensation in his shoulder, which had become worse. He was taking pain medication, analgesic ointments, stretching exercises, medication, heating pads, and ice packs to help alleviate his symptoms. The patient also complained of frequent pain in the left shoulder. The patient suffered from stress, depression, and anxiety. He continued to have difficulty doing his activities of daily living. The objective findings on exam revealed tenderness more on the right than on the left. The impingement sign was positive bilaterally. The patient had 4/5 weakness on the right shoulder. The left shoulder, motor testing was 5/5. He had mild sensory diminution along the median nerve distribution of the right hand. The progress report (PR2) dated 10/07/2013,

documented the patient to have complaints of constant bilateral shoulder pain, rated 4/10 on the right and 3/10 on the left. He rated the pain without medications 7/10, and with medications 3-4/10. The patient was diagnosed with status post right shoulder surgery times four (4), left shoulder labral tear, and left shoulder osteoarthritis (OA).

IMR ISSUES, DECISIONS AND RATIONALES

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

ORAL MEDICATIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60, 61.

Decision rationale: The Chronic Pain Guidelines recommend medications for pain. The guidelines indicate that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded. The medical records document that the patient has been prescribed several different medications without objective documentation of functional improvement. Further, the request is for "Oral Medications" and there is no request for a specific type of oral medication. Based on the guidelines as well as the clinical documentation, the request is not medically necessary.

TOPICAL MEDICATIONS: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further state that there is little to no research to support the use of many of the agents and that any compounded product that contains at least one (1) drug that is not recommended is not recommended. Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis of the joints that are amenable to topical treatment (knee and elbow); however, there is little evidence support use for the shoulder. Capsaicin is recommended for osteoarthritis in a formula of 0.025%. The request is for Topical Medications without further explanation of the type of topical medication. Medical necessity has not demonstrated.

TEROCIN PAIN PATCH BOX (10 PATCHES) #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

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

Decision rationale: The Chronic Pain Guidelines recommend topical analgesics in certain patients with osteoarthritis. The requested patch contains the active ingredients menthol, lidocaine, capsaicin, and methyl salicylate. Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain and off label for diabetic neuropathy. Non-neuropathic pain use is not recommended by the guidelines. The patient does not have documented neuropathic pain. The guidelines state that any compounded product that contains at least one (1) drug that is not recommended is not recommended. Further, topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term use only and not for the shoulder, hip, or spine. Based on the guidelines cited and medical documentation provided, the medical necessity has not been established.