

<b>Case Number:</b>	CM13-0070513		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/22/2008
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and is licensed to practice in Illinois. 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 48-year-old female who reported an injury on 08/22/2008 after lifting a heavy patient. The patient reportedly sustained an injury to her neck, right shoulder, elbow and hand. The patient developed chronic pain that was managed with multiple medications. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had moderate to severe right shoulder pain as well as tenderness over the anterior acromial margin and acromioclavicular joint. It was noted that the patient had restricted range of motion, a positive Speed's test, a positive impingement sign and pain and weakness with resisted external rotation. The patient's diagnoses included right shoulder pain and dysfunction, right shoulder impingement, right shoulder acromioclavicular joint arthroses and right shoulder partial thickness rotator cuff tear. The patient's treatment plan included the continuation of medications

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLACE 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmedhealth website

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**Decision rationale:** The requested Colace 100 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the initiation of prophylactic therapy for constipation when a patient is on opioid therapy. The clinical documentation submitted for review does indicate that the patient has been on opioid therapy for several months. However, there was not an adequate assessment of the patient's gastrointestinal system to support the need for the continuation of medications. Additionally, there was no discussion of side effects related to opioid usage that would support the need for this medication. Also, the request as it is written does not include a frequency or intended duration of treatment. Therefore, the requested Colace 100 mg is not medically necessary or appropriate.

**IBUPROFEN 600MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,68.

**Decision rationale:** The requested ibuprofen 600 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends that the continued use of medications for chronic pain be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence to support the efficacy of this medication. Additionally, the request as it is submitted does not include a duration or frequency of treatment. Therefore, the requested ibuprofen is not medically necessary or appropriate.

**TEROCIN PATCH:** 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 Page(s): 111.

**Decision rationale:** The requested Terocin patch is not medically necessary or appropriate. The requested medication is a compounded topical patch that includes methyl salicylate, menthol and capsaicin. The California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate for patients with osteoarthritic pain; however, the use of capsaicin as a topical agent is reserved for patients who have failed to respond to all other chronic pain management measures. The clinical documentation fails to provide any evidence that the patient has not responded to other first-line medications, to include antidepressants and anticonvulsants. Additionally, the request as it is written does not include a frequency or intended duration of this medication. Therefore, the requested Terocin patch is not medically necessary or appropriate.

**NAPROXEN 550MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60,68.

**Decision rationale:** The requested naproxen 550 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, the California Medical Treatment Utilization Schedule recommends that the continued use of medications for chronic pain be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does not provide any evidence to support the efficacy of this medication. Additionally, the request as it is submitted does not include a duration or frequency of treatment. Therefore, the requested Norco is not medically necessary or appropriate.

**OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The requested omeprazole 20 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of a gastrointestinal protectant for patients who are at risk for developing gastrointestinal disturbances related to ongoing medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support the need for a gastrointestinal protectant. Additionally, the request as it is written does not provide an intended duration or frequency of treatment. Therefore, the requested omeprazole 20 mg is not medically necessary or appropriate.

**TRAMADOL 50MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The requested tramadol 50 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids

in the management of chronic pain be supported by evidence of functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior. However, there was no documentation of functional benefit or pain relief as a result of the use of this medication. Also, the request as it is submitted does not include a duration or frequency of treatment. Therefore, the requested tramadol 50 mg is not medically necessary or appropriate.