

Case Number:	CM13-0070910		
Date Assigned:	05/07/2014	Date of Injury:	05/25/2012
Decision Date:	07/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/26/2013

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 & Rehabilitation, has a subspecialty in Pain 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 46 year old male who was injured on 05/25/2012. He tripped and fell forwards on his hands and injured his left shoulder. The patient underwent a left shoulder arthroscopic surgery on 08/12/2013. Prior treatment history has included sling, rehab, Norco 10/325 mg, Flexeril 7.5 mg, omeprazole, capsaicin, flurbiprofen 20%, Tramadol 10%, menthol 2%, Camphor 2%; B. Flurbiprofen 20%, tramadol 20%PR2 dated 11/26/2013 indicates the patient presents with complaints of left shoulder pain. He reports the Vicodin is working well, using 2-3 tabs per day and creams which he reports is also helpful. He denied any side effects or constipation. He states the rehab is helping as he was able to move around and dress himself. Objective findings on exam reveal the patient to be right hand dominant. He was wearing a sling. There was +3 tenderness to palpation of the anterior shoulder. There was muscle spasm of the anterior shoulder. Diagnosis is left shoulder pain strain/sprain and status post surgery of the left shoulder. The treatment and plan includes Vicodin 5/500 mg po q. 12 hours p.r.n. pain #60, omeprazole 20 mg 1 tab po bid GI PPX #60; creams include A) Capsaicin 0.025%; flurbiprofen 20%; tramadol 15%; menthol 2%; camphor 2% 240 GR. B) Flurbiprofen 20%; cyclobenzaprine 20% wean to tramadol ER next month; and 2 urine tox 3. Prior UR dated 12/12/2013 states the request for Vicodin 5/500 mg po q. 12 hours p.r.n. pain #60, omeprazole 20 mg 1 tab po bid GI PPX #60; creams include A) Capsaicin 0.025%; flurbiprofen 20%; tramadol 15%; menthol 2%; camphor 2% 240 GR. B) Flurbiprofen 20%; cyclobenzaprine 20% is non-certified adequate documentation has not been provided to show improvement with Vicodin. There is no evidence showing that other treatments are not successful and there is evidence showing the patient's use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20 MG 1 TAB PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 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 medical records do not establish this patient is at significant risk for GI events. Based on these factors, the medical records do not establish that Omeprazole is medically indicated.

CAPSAICIN 0.025%, FLURBIPROFEN 20%, TRAMADOL 15%, MENTHOL 2%, CAMPHOR 2% 240 GM #1: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The patient is status post left shoulder arthroscopy with removal of loose bodies, debridement and SAD on 8/20/13. Review of the medical records document the patient's treatment includes oral medications. In addition, the guidelines state topical NSAIDs are recommended for short-term use (4-12 weeks) only and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Furthermore, the medical records do not establish use of these topical products have led to significant reduction/cessation of opioid use. The medical necessity of this topical compound has not been established.

FLURBIPROFEN 20%, CYCLOBENZAPRINE 20% #1: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical NSAIDs are recommended for short-term use (4-12 weeks) only and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently the medical necessity of this topical compound is not established.

VICODIN 5/500 MG PO EVERY 12 HOURS PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Hydrocodone/Acetaminophen, Vicodin is indicated for moderate to moderately severe pain. The patient is several months post left shoulder arthroscopic surgery. The guidelines recommend opioids for short term use, as long-term use of opioids is not efficacious. The guidelines recommend ongoing opioid management include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should also be continuing review of overall situation with regard to non-opioid means of pain control. The medical records do not document current pain level with and without medication use. The medical records do not establish pain levels can not be adequately addressed with non-opioid analgesics and non-pharmaceutical palliative measures at the point, several months post-op shoulder surgery. The medical necessity of Vicodin has not been established at this time.