

Case Number:	CM14-0001513		
Date Assigned:	01/22/2014	Date of Injury:	06/22/2012
Decision Date:	03/25/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/04/2014

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 Pain Management, has a subspecialty in Disability Evaluation 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:

This 55 year-old male was injured on 6/22/12. The mechanism of injury was: "While working on a car jack lift stepped down on a stool which broke and he fell to ground, hitting head, elbow and jammed shoulder." The carrier has accepted the claim for the soft tissue of the Head, and the Right Elbow, Shoulder, and Wrist. No recent diagnostics have been reported to this reviewer relative to this injury. Right shoulder diagnostic arthroscopy' SAD; RTC repair and Open subpectoral biceps tenodesis was done 11/5/12. The requesting provider's somewhat illegible handwritten medical report dated 10/10/13 stated that the patient complained of right shoulder painful and weak. Objective: ROM noted but illegible. Diagnosis: Fracture radial head; Contusion shoulder; Right wrist sprain. Treatment Plan: Norco; Flurbiprofen Continue working usual and customary job. At issue is the request for Norco 10/325 #60 and Flubiprofen cream which was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen cream, DOS: 10/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 to 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 3/10/2014)-Topical Analgesics

Decision rationale: As per the cited guidelines, the compounding of Flurbiprofen cream is of unproven benefit compared with oral agents or a single topical agent such as an over-the-counter NSAIDs and acetaminophen. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not supported by the guidelines. It has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations.

Retrospective Norco 10/325mg, QTY: 60.00, DOS: 10/10/13: 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 Opioids Criteria or Use Page(s): 76 through 77, and 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (updated 3/10/14)-Opioids for chronic pain

Decision rationale: With respect to the request for Norco 10/325mg #60 the guideline does not support a long term use. Given that the patient has not had any long-term functional improvement gains from taking Norco over the 18 months it is warranted for the patient to begin weaning from Norco. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Therefore the request for Norco 10/325mg #60 is not medically necessary.