

Case Number:	CM14-0010045		
Date Assigned:	02/21/2014	Date of Injury:	03/16/2010
Decision Date:	07/07/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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:

This is a 62-year old male with a 3/16/10 date of injury. He had an MRI of the right shoulder in 2011 which revealed rotator cuff tear. The patient has had ongoing complaints in the upper right extremity (including shoulder, elbow and wrist). As of 9/11/13 the patient was noted to be on Norco 5/325 to 1 tablet every six hours prn pain. He was seen on 11/6/13 again with right upper extremity complaints. It was noted the patient's Norco was decreased to 5/325 on a prior visit, but he stated the Norco 10/325 worked better, and was switched on back to 10/325 on this date. The patient stated his medication regimen reduces his pain by 60%. In addition to Norco, the patient is noted to be taking Neurontin and Flexeril. The patient's diagnosis is right upper extremity pain. Exam findings revealed sensitivity over the right lateral shoulder and decreased range of motion. He was noted to be tender in the right side of the spine, and decreased range of motion secondary to pain in the lumbar spine. An exam of the lower extremities was unremarkable. A pain contract was noted on this visit as well as monitoring by CURES reports. In addition, a urine drug screen was ordered, which was collected on 11/13/13 and was reported on 11/25/13 to be positive for both hydrocodone and hydromorphone. MRI of the right shoulder from 2011 revealed a full thickness rotator cuff tear. A UR decision dated 1/15/14 denied the request for methyl salicylate 20%, capsaicin 0.0375%, menthol 5% given topical capsaicin greater than 0.235% is not supported per MTUS. The request for Norco was modified from #60 to #45 with no refills, there was no rationale identified in the UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This is a 62-year-old male with a 4-year-old injury. He was noted to be on Norco chronically, and no other opiates per the documentation given. He was on 5/325 on 9/11/13 and on his office visit date. The patient described a 60% reduction in pain with his medication regimen, however there is no description of any functional gains, how long the patient has been on this medication, and if there is a long term treatment plan for pain. A urine drug screen from 11/6/13 revealed hydrocodone and hydromorphone, however there is no documentation that this medication has ever been prescribed by the requesting physician. In addition, MTUS requires that patients receive ongoing monitoring of narcotics and a refill is not appropriate in this case. The request was modified from 69 tablets to 45 tablets with no refills to initiate a taper. Thus the request as submitted is not medically necessary.

TOPICAL PREPARATION (METHYL SALICYCLATE 20%, CAPSAICIN 0.0375%, MENTHOL 5%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient was prescribed a topical compound containing Capsaicin 0.0375%, which exceeds the recommended topical dose of capsaicin. Although topical methyl salicylates and menthol can be used in cases of arthritis, this compound contains at least one ingredient which is not supported by MTUS (capsaicin 0.0375%). Therefore, the request for topical methyl salicylate 20%, capsaicin 0.0375%, menthol 5% is not medically necessary.