

Case Number:	CM14-0011984		
Date Assigned:	03/05/2014	Date of Injury:	11/14/2011
Decision Date:	08/06/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 61-year-old male with a 11/14/11 date of injury. He was picking up a piece of uncooked mud brick and he experienced a sudden, sharp pain in his right shoulder. On 11/25/13, the patient was noted to have persistent right shoulder pain. On 2/19/13, the patient had an open rotator cuff repair. On 7/29/13, a repeat MRI showed a completed retracted rotator cuff tear with fluid on the subacromial bursa and arthrosis at the AC joint. The objective exam of the shoulder documents that it is neurovascularly intact, with a normal physical exam. Diagnostic Impression: right shoulder impingement syndrome, persistent symptomatic Full-Thickness Rotator Cuff Tear. Treatment to date: physical therapy, medication management, cortisone injections, right shoulder RCR on 2/13. The UR decision denying Naproxen cream and Norco was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN CREAM 240GM PRN WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 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, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy 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. However, there is no documentation in the records provided that the patient is using Naproxen cream. There is no clear discussion of any improvement with the use of Naproxen cream. In addition, guidelines do not support topical Naproxen. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Naproxen cream 240 gm as needed with one refill is not medically necessary.

NORCO 10/325MG #60 - ONE PO BID PRN WITH ONE REFILL: 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 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. However, there is no documentation of functional improvement or gains in activities of daily living, lack of adverse side effects, or aberrant behavior. There is no discussion of CURES monitoring, an opiate pain contract, or urine drug screens. Therefore, the request for Norco 10/325 mg #60 - one by mouth twice a day as needed with one refill is not medically necessary.