

<b>Case Number:</b>	CM14-0129352		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 24 year old female with an injury date of 06/24/10. Per the 05/07/14 report by [REDACTED], the patient presents with right shoulder pain mostly associated with movement and activity. She is not working. Examination reveals that the surgical site is without redness, swelling and open wounds. The patient has limited range of motion of the right shoulder due to pain. The 06/25/14 report states that the patient's diagnoses include discogenic cervical condition with MRI pending with radiculitis, nerve studies need to be repeated, impingement syndrome of the shoulder on the right with bicipital tendonitis and rotator cuff strain noted by MRI, status post decompression and biceps tendon release and stabilization (03/20/14) with some element of stiff shoulder, sleep and depression issues which the patient does not wish to address with a psychiatrist at this time, and headaches. Medications are listed as continuing on Norco and Terocin patches; and resuming Naproxen and Protonix, and downgrading tramadol to Ultracet. The utilization review being challenged is dated 07/30/14. Treatment reports from 01/22/14 to 06/25/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5mg #60,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for Norco (an opioid) 5mg #60. The 03/13/14 treatment report indicates that she was prescribed Norco. This medication did not appear on prior reports. Tramadol (an opioid) has been used by this patient from at least 01/22/14 until the start of Norco per the reports provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the reports provided do not show documentation or discussion of pain assessment at each visit, discussion of the 4 As, or pain assessment and outcome measures per the above. Therefore, this request is not medically necessary.

**Ultracet 37.5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for Ultracet 37.5/325 MG to replace Tramadol. The provided reports indicate the patient took tramadol (an opioid) from at least 01/22/14 to 06/24/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. A review of the reports provided do not show documentation or discussion of pain assessment at each visit, discussion of the 4 As, or pain assessment and outcome measures per the above. Therefore, this request is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for Protonix (Pantoprazole) 20MG #60. The patient has been taking the medication since at least 1/22/14 with a hiatus from 03/13/14 to 05/07/14. Protonix is a proton pump inhibitor. MTUS guidelines support use of this medication for prophylaxis with NSAIDs if GI assessment has been provided. GI assessments include age > 65, history of PUD or bleeding ulcer, concurrent use of other anticoagulants or high dose NSAIDs, etc. PPI's can also be used to treat GERD, ulcers and gastritis. The reports provided show the patient resumed taking Naproxen (an NSAID) on 05/07/14 after stopping use per the 03/13/14 report due to upcoming surgery. The reports provided show Naproxen use as early as 01/22/14. The utilization review dated 07/30/14 states that the patient is in need for gastric protection from NSAID use; however, Protonix is an "N" drug in the Official Disability Guidelines formulary and documentation requires a "Y" drug. The Official Disability Guidelines state that Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. In this case a review of the reports provided shows no discussion of the gastrointestinal complaint by this patient. Furthermore, there is no discussion of the efficacy or use of this medication. Therefore, this request is not medically necessary.

**Terocin Patches #20: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for Terocin patches #20. The reports provided show that the insured has been using this medication since at least 01/22/14. Terocin contains Methyl Salicylate, Capsaicin, Lidocaine and Menthol. The MTUS guidelines page 112 on topical Lidocaine states, "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). A review of the reports provided shows no discussion of prior first line therapy prior to the request of this topical product. Therefore, this request is not medically necessary.

**Lidopro Cream One Bottle 4oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 57, 112.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for Lidopro cream 1

bottle 4 oz per the reports provided the insured has been using this product since at least 01/22/14. Lidopro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS guidelines page 57 states, "topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica)." MTUS page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." The reports provided do not indicate documentation or discussion of the above requirements; therefore, this request is not medically necessary.

### **Continue Therapy 12 More Therapy Sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 27.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for 12 sessions of continued physical therapy. MTUS guidelines pages 26, 27 state that for post-surgical rotator cuff syndrome/impingement syndrome 24 visits is allowed over 14 weeks. The 06/25/14 report by [REDACTED] states that the patient has had 8 of 12 therapy sessions and the therapy provider wanted the patient to have more progress as her motion is still limited. The frequency and duration of the additional therapy is not discussed. In this case, the patient has only been authorized 12 sessions and additional 12 sessions for total of 24 sessions appear reasonable and consistent with MTUS. Therefore, this request is medically necessary.

### **Nerve Studies: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 5/30/14).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262.

**Decision rationale:** The patient presents with right shoulder pain post decompression and biceps tendon release and stabilization (03/20/14). The provider requests for nerve conduction studies. The reports provided discuss the patient's right shoulder pain and 06/25/14 report does indicate a diagnosis of, "Discogenic cervical condition with MRI pending with radiculitis, nerve studies need to be repeated." The reports do not include prior electrical studies. ACOEM does allow for nerve conduction studies to confirm the diagnosis of CTS or to differential radiculopathy. In this case, the provider indicates that there is a prior report. There is no explanation as to why this needs to be repeated. There is no new injury, no progressive neurologic deficit and non-new findings on examination. Therefore, this request is not medically necessary.

