

Case Number:	CM14-0151075		
Date Assigned:	09/22/2014	Date of Injury:	04/30/2012
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; dietary supplements; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for topical Terocin, denied a request for glucosamine, and denied a request for Celebrex. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported persistent complaints of shoulder pain. The applicant was asked to continue Terocin, Celebrex, and Genicin. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working. There was no explicit discussion of medication efficacy. On May 5, 2014, authorization was sought for an H-Wave device. On May 29, 2014, the applicant was described as having persistent complaints of shoulder pain status post earlier shoulder surgery, exacerbated by motion. 4/5 strength was noted. Terocin, Genicin, and Celebrex were refilled, again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin lotion: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Guidelines, topical analgesics, as a class, are deemed "largely experimental." In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Guidelines deems the largely experimental topical compounded Terocin agent at issue. Therefore, the request is not medically necessary.

Genocin (Glucosamine 500mg) #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: As noted on page 50 of the MTUS Chronic Pain Guidelines, glucosamine is recommended in the treatment of moderate pain associated with arthritis and, in particular, knee arthritis, given its low risk. In this case, the attending provider did state on May 29, 2014 that one of the applicant's operating diagnoses was moderate acromioclavicular joint arthritis, an issue for which Genocin (glucosamine) is indicated per page 50 of the MTUS Chronic Pain Guidelines. Therefore, the request is medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who have a risk of GI complications, in this case, however, there was/is no mention of issues associated with GI complications which would support provision of Celebrex, a COX-2 inhibitor, over nonselective NSAIDs such as Motrin or Naprosyn. No rationale for usage of this particular agent was proffered. Therefore, the request is not medically necessary.