

Case Number:	CM14-0153780		
Date Assigned:	09/23/2014	Date of Injury:	09/01/2008
Decision Date:	11/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

According to the records made available for review, this is a 66-year-old male with a 9/1/08 date of injury. At the time (8/15/14) of request for authorization for Sonata 10mg #30, Compound Ketoprofen Topical Cream, Retro: Home Exercise Kit, and Norco 10/325mg #30, there is documentation of subjective (left shoulder pain) and objective (restricted left shoulder range of motion, positive impingement sign over left shoulder, and tenderness to palpation over sternoclavicular joint) findings, current diagnoses (recurrent left shoulder subacromial impingement, complete rupture of rotator cuff, and adhesive capsulitis of shoulder), and treatment to date (cortisone injection and physical therapy). Medical report identifies that patient awakens at night due to pain, and a request for Sonata daily as needed for sleep; and that home exercise kit is to be used by heat followed by 20 minute of ice with capsular stretches, rotator cuff strengthening and scapular stabilization exercises. Regarding Sonata 10mg #30, there is no documentation of insomnia; and the intention to treat over a short-term (7-10 days). Regarding Retro: Home Exercise Kit, there is no documentation of a description of the exact contents of the kit. Regarding Norco 10/325mg #30, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sonata 10mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia treatment

Decision rationale: MTUS does not address this issue. ODG identifies documentation of insomnia and the intention to treat over a short-term (7-10 days), as criteria necessary to support the medical necessity of Sonata. Within the medical information available for review, there is documentation of diagnoses of recurrent left shoulder subacromial impingement, complete rupture of rotator cuff, and adhesive capsulitis of shoulder. However, despite documentation that patient awakens at night due to pain, there is no (clear) documentation of insomnia. In addition, given documentation of a request for Sonata #30 daily as needed for sleep, there is no documentation of the intention to treat over a short-term (7-10 days). Therefore, based on guidelines and a review of the evidence, the request for Sonata 10mg, #30 is not medically necessary.

Compound Ketoprofen Topical Cream: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of recurrent left shoulder subacromial impingement, complete rupture of rotator cuff, and adhesive capsulitis of shoulder. However, the requested Compound Ketoprofen Topical Cream contains at least one drug (Ketoprofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Compound Ketoprofen Topical Cream is not medically necessary.

Retro: Home Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Exercise; Shoulder Chapter, Home Exercise Kit

Decision rationale: MTUS does not address the issue. ODG identifies that there is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise; that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen; that a therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated; and that such programs should emphasize education, independence, and the importance of an on-going exercise regime. In addition, ODG identifies a home exercise kit is recommended as an option where home exercise programs are recommended; that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. Within the medical information available for review, there is documentation of diagnoses of recurrent left shoulder subacromial impingement, complete rupture of rotator cuff, and adhesive capsulitis of shoulder. In addition, given documentation that home exercise kit is to be used by heat followed by 20 minute of ice with capsular stretches, rotator cuff strengthening and scapular stabilization exercises, there is documentation that the patient has been taught appropriate home exercises by a medical provider. However, there is no documentation of a description of the exact contents of the kit. Therefore, based on guidelines and a review of the evidence, the request for Retro: Home Exercise Kit is not medically necessary.

Norco 10/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. Within the medical information available for review, there is documentation of diagnoses of recurrent left shoulder subacromial impingement, complete rupture of rotator cuff, and adhesive capsulitis of shoulder. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, #30 is not medically necessary.