

Case Number:	CM14-0153941		
Date Assigned:	09/23/2014	Date of Injury:	04/02/2012
Decision Date:	10/20/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/22/2014

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 North Carolina and New York. 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 worker, a 58 year old man, claims injury 4/2/2012 while lifting bags loading a cargo container, and now has postoperative pain. He is appealing the 9/6/2014 denial of brand-name prescription medication. He is s/p right rotator cuff repair on July 3, 2012, and has chronic shoulder and thoracic pain MRI 7/21/14 of the right shoulder showed findings consistent with prior rotator cuff repair, AC arthritis, glenohumeral arthritis, and supraspinatus and infraspinatus tendonitis. He has undergone arthroscopic repair of the rotator cuff tear, acromioplasty and resection of the coracoacromial ligament and subacromial bursa, as well as distal clavicular resection and debridement of the glenohumeral joint as well as debridement of the rotator cuff and labral tear. He has been treated with chiropractic and acupuncture, aqua therapy and medications. Per 5/14/14 and 7/23/14 examination notes, the thoracic range of motion was normal, and the right shoulder range of motion was normal. The RFA dated 7/23/14 requests that Tramadol 50 mg, Prilosec, Naproxen 550 mg and Methoderm ointment be continued. Another RFA 8/20/14 requests the same medications. The exam done that date, however, notes that there is swelling, positive Speed's, positive impingement, pain and weakness on resisted external rotation with the arm at his side and that an MRI arthrogram showed a partial thickness tear of the rotator cuff. There is no specific medication noted on the application for Independent Medical Review date 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use NSAIDS, GI Symptoms and Cardiovascular Risk, and Topical Analgesics.

Decision rationale: It is not clear from the request for independent review, what medication is being appealed. He had requested Tramadol 50 mg (unknown frequency), Prilosec (unknown dosage or frequency) and Methoderm topical analgesic. There is insufficient information submitted to review either the Tramadol or the Prilosec, because unknown dosing information is provided for evaluation in the respective sections of the chronic pain guidelines of the MTUS. The Methoderm is composed of menthol and methyl salicylate. Per the chronic pain guidelines, any compounded product that contains at least one drug that is not recommended is not recommended. Neither menthol nor topical salicylate is recommended, and hence it cannot be approved. None of these medications, however, are specifically addressed in the appeals request so they cannot be found medically necessary.