

Case Number:	CM14-0156127		
Date Assigned:	09/25/2014	Date of Injury:	08/01/2012
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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 35-year-old female with a date of injury of 08/01/2012. The listed diagnosis per [REDACTED] is continued right shoulder pain. According to progress report 04/29/2014, the patient is status post right shoulder arthroscopy subacromial decompression on 04/12/2013 and continues with right shoulder pain. Examination revealed improving range of motion but patient is not able to progress due to her persistent pain. The patient has completed 8 physical therapy sessions. The patient reports TENS unit provides significant benefit. Objective finding noted "no acute distress." The treater has provided an appeal/reconsideration for medication charges report on 07/14/2014, which indicated that the patient is currently utilizing medications Norco 10/325 mg, naproxen 550 mg, Neurontin 300 mg, Dendracin topical analgesic cream, and cyclobenzaprine 7.5 mg. Treater states that the patient continues to "demonstrate ongoing need and benefit from medication regimen. Medications continue to provide an adjunct therapy to this patient's ongoing treatment plan allowing for full time work activity." Utilization review denied the request on 08/27/2014. Treatment reports from 11/08/2013 through 08/01/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7 7.5 #30 2 refills DOS: 3/4/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: This patient presents with continued shoulder pain. The treater is requesting cyclobenzaprine 7.5 mg #30 with 2 refills, which was dispensed on 03/04/2014. The MTUS guidelines page 64 states that Cyclobenzaprine is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, the treater is requesting #30 with 2 refills. Long-term use of this medication is not supported therefore request is not medically necessary.

Hydrocodone APAP/Norco 10/325mg #60 2 refills DOS: 3/4/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: This patient presents with continued right shoulder pain. The treater is requesting Norco 10/325 mg #60 with 2 refills, which was dispensed on 03/04/2014. The patient is working full time with modifications. For opiate management, MTUS Guidelines pages 88 and 89 state, "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). Review of the medical file indicates the patient has been prescribed Norco 10/325 mg since 2012. The requesting physician [REDACTED], requests refills of this medication and indicates medications continue to provide adjunct therapy to patient's ongoing treatment plan. In this case, the treater discusses analgesia, and it was noted that the patient is working full time with modifications. However, the treater does not discuss possible side effects and does not provide urine drug screens to monitor consistency of medication as required by MTUS. Given the lack of sufficient documentation for opiate management, therefore request is not medically necessary.

Dendracin 120ml 2 refills DOS: 3/4/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to drugs.com, Dendracin Lotion

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

Decision rationale: This patient presents with continued left shoulder pain. The treater is requesting Dendracin lotion 120 mL 2 refills. Dendracin lotion is a compound topical cream that includes methyl salicylate 30%, capsaicin 0.025%, and menthol 10%. The MTUS Guidelines

page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." For topical NSAIDs, in this case salicylate, recommendation is for peripheral joint arthritis and tendinitis pain. In this case, the patient does not meet the indications for this medication therefore request is not medically necessary.