

Case Number:	CM14-0022881		
Date Assigned:	06/11/2014	Date of Injury:	04/30/2013
Decision Date:	07/15/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 patient is a 43 year old female who was injured on 04/30/2013. She was picking up a container and she felt pain in her right elbow on 04/30/2013. Prior medication history included Enova, Xolida, and omeprazole. Conservative treatments included physical therapy. The patient underwent shoulder arthroscopy, repair of rotator cuff, SLAP repair, biceps tendon repair and Mumford procedure. Progress report dated 02/25/2014 states the patient reported the patient's pain is moderate in the right shoulder which she rated at 3-4/10. On exam, right shoulder exhibits flexion to 25; extension to 40; adduction to 20; abduction to 40; internal rotation to 45; external rotation to 60. Her sensation is within normal limits as well as pulses and strength. The patient is diagnosed with a full thickness tear of supraspinatus portion of rotator cuff with 10 mm retraction; SLAP/Labral tear right shoulder, longitudinal full thickness tear of long head of biceps tendon bicipital groove, right shoulder; lateral epicondylitis, right elbow and status post right shoulder arthroscopy, rotator cuff repair. The treatment and plan included a request for transdermal creams. RFA dated 02/06/2014 documented a request for Enova Rx-ibuprofen 10% cream and omeprazole. Prior utilization review dated 02/13/2014 states the request for Enovarx-ibuprofen 10% cream is not medically necessary. Xolido 2% cream and omeprazole have not been established to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ENOVA RX-IBUPROFEN 10% 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: According to MTUS guidelines, topical analgesics are largely experimental and primarily recommended for neuropathic pain where oral medications have failed. This patient is a 43 year old female with chronic R elbow and R shoulder pain with date of injury of 4/30/13. She is status post R shoulder rotator cuff and SLAP repair on 1/9/14. This is a request for a topical product containing Ibuprofen apparently for post-operative shoulder pain. Topical NSAIDs are primarily indicated for short-term treatment of osteoarthritis, but there is little evidence to support use for the spine, hip, or shoulder. Further, the patient is already taking oral Naproxen. Medical necessity is not established.

XOLIDO 2% PAIN RELIEF 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: According to MTUS guidelines, topical analgesics are largely experimental and primarily recommended for neuropathic pain where oral medications have failed. This patient is a 43 year old female with chronic R elbow and R shoulder pain with date of injury of 4/30/13. She is status post R shoulder rotator cuff and SLAP repair on 1/9/14. This is a request for a topical cream containing lidocaine apparently for post-operative shoulder pain. However, topical lidocaine is only recommended for neuropathic pain, which the patient does not have. Further, the only recommended formulation is Lidoderm. Medical necessity is not established.

OMEPRAZOLE 20 MG: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, PPI's are recommended for patients taking NSAIDs at intermediate or high risk of gastrointestinal events. This patient is a 43 year old female with chronic R elbow and R shoulder pain with date of injury of 4/30/13. She is status post R shoulder rotator cuff and SLAP repair on 1/9/14. This is a request for Omeprazole (a PPI) to prevent GI upset from Naproxen according to provided records. However, there is no documentation of intermediate or high risk of gastrointestinal events or prior GI complaints. Medical necessity is not established.

