

Case Number:	CM14-0024978		
Date Assigned:	06/11/2014	Date of Injury:	05/25/2005
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 62-year-old male who reported an injury on 05/25/2005 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 05/27/2014, the injured worker continued to complain of chronic pain in the right and left shoulders and left hip as well as the right foot. It was noted that the injured worker had recently reinjured his left shoulder when pulling on a handrail. The injured worker's prescribed medication regimen included Norco 2.5 one by mouth 1 to 2 times per day as needed #60, tramadol ER 150 mg 1 by mouth every day as needed #30, Neurontin 300 mg 1 by mouth 3 times a day #60, Cymbalta 60 mg 1 by mouth twice a day #90, Doral 15 mg 1 by mouth at bedtime as needed #30, quazepam, ibuprofen, lovastatin, metformin, levothyroxide, benadryl, and clonazepam. Prior treatments included physical therapy, diagnostic studies, and surgeries. The physical examination of the right shoulder revealed decreased range of motion secondary to pain, positive crepitus, and a positive impingement sign. The physical examination of the left shoulder revealed exquisite tenderness over the acromioclavicular joint and interior acromion, and decreased range of motion over the left shoulder secondary to pain. The physical examination of the right hip revealed positive tenderness over the lateral aspect of the hip in the area of the greater trochanter region. It was noted withing the documentation that a urine drug screen test was collected on 05/05/2014 and reported 05/09/2014 indicated that clonazepam was taken but was not detected and therefore, wanted to repeat drug screen. The treatment plan included a request for a repeat MRI of the left shoulder to determine if there is any significant change in the soft tissue pathology. The Request for Authorization for a wheelchair, Norco 10/325 mg #60, Mentherm cream, and flurbiprofen 20%, Lidocaine 2% cream 30 gm with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHEELCHAIR: 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 (ODG) Knee & Leg, Wheelchair.

Decision rationale: The request for a wheelchair is non-certified. The Official Disability Guidelines (ODG) state that a wheelchair is recommended if the injured worker requires and will use a wheelchair to move around in the residence, and as prescribed by a physician. A lightweight wheelchair is recommended if the injured worker cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair, and the injured worker would be able to self-propel a lightweight wheelchair. In the clinical notes provided for review, there is insufficient evidence to warrant the approval of a wheelchair for the injured worker. The physical examination lacks documentation of an impairment of the injured worker's gait or functional deficits with weight-bearing. Furthermore, the clinical notes provided for review do not address the need for a wheelchair and the request as submitted failed to indicate whether a rental or purchase was being requested. Therefore, the request for a wheelchair is non-certified.

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 80, 91, 78.

Decision rationale: The request for Norco 10/325 mg #60 is non-certified. The California MTUS Guidelines state that opioids appear to be efficacious when noted for short term pain relief, and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consider of alternative therapy. Norco is indicated for moderate to moderately-severe pain. The guidelines also recommend the monitoring of the 4A's to include pain relief, functional improvement, side effects and aberrant behaviors to support continuation. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status, with or without prescribed medications. Also, the clinical notes indicate that the injured worker was on Norco 2.5 mg 1 to 2 times per day as needed; however, there is lack of documentation of efficacy or frequency or duration. There was a lack of documented objective functional improvement and there was a lack of side effects and aberrant behavior having been addressed to support continuation. Furthermore, there is a lack of documentation of the request for Norco 10/325 mg and the frequency and rationale to warrant the increased dosage and quantity. Therefore, the request for Norco 10/325 mg #60 is non-certified.

MENTHODERM CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The request for Mentherm cream is non-certified. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or combination for pain control. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. In the clinical notes provided for review, there is a lack of documentation of the request, rationale, or evidence to support the use of Mentherm cream. The documentation provided did not provide evidence of failure of first line antidepressants and anticonvulsants to meet guideline criteria. The documentation also lacks the region at which the Mentherm cream would be used. Therefore, the request for Mentherm cream is non-certified.

FLURBIPROFEN 20%, LIDOCAINE 2% CREAM 30GR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for flurbiprofen 20%, Lidocaine 2% cream 30 gm is non-certified. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or combination for pain control. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. In the clinical notes provided for review, there is a lack of documentation of the request, rationale, or evidence to support the use of flurbiprofen 20%, Lidocaine 2%. The documentation also lacks the region at which the flurbiprofen 20%, lidocaine 2% would be used. Furthermore, the guidelines do not recommend the use of any compounded product that contains at least 1 drug that is not recommended. Therefore, the request for flurbiprofen 20%, Lidocaine 2% cream 30 gm is non-certified.

