

Case Number:	CM14-0026146		
Date Assigned:	06/20/2014	Date of Injury:	04/30/2012
Decision Date:	07/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 65-year-old male who reported an injury on 04/30/2012. The mechanism of injury was a fall. Within the clinical note dated 01/23/2014, it was reported the injured worker complained of pain in the right shoulder, rated 2/10. Upon the physical examination of the right shoulder, the provider indicated the injured worker had painful range of motion, forward flexion to 110 degrees and abduction to 90 degrees. There was also tenderness to palpation over the acromioclavicular joint. The injured worker has undergone Arthroplasty surgery of the right shoulder. He was utilizing an H wave unit for chronic pain. The diagnoses included a history of a rotator cuff tear, right shoulder impingement syndrome, partial bicep tear on the right, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery. The provider requested Terocin lotion to help with pain and Celebrex for pain. However, the request for authorization was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tenocin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112-113.

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

Decision rationale: Terocin lotion contains methyl Salicylate 25%, capsaicin 0.025%, Methol 10%, and Lidocaine 2.50%. The California MTUS Guidelines note topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines note any compounded product that contains 1 drug or drug class that is not recommended is not recommended. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment. The guidelines recommend topical NSAIDs for short term use of 4 to 12 weeks. Topical capsaicin is only supported by the guidelines for patients who failed or were intolerant to other treatments. The guidelines note topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. There is lack of documentation indicating the injured worker showed signs and symptoms or has been diagnosed with osteoarthritis. There is lack of documentation indicating the injured worker to be diagnosed with neuropathic pain. There is lack of documentation indicating the injured worker had tried and failed on first line agents for the management of neuropathic pain. Additionally, the injured worker had been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations of 4 to 12 weeks. The request submitted failed to provide the frequency and quantity of the medication. In addition, the request does not specify a treatment site. Therefore, the request for Terocin lotion is not medically necessary.

Celebrex 200 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 67-68 Page(s): 67-68.

Decision rationale: The injured worker complained of right shoulder pain. He rated the pain 2/10 in severity. The California MTUS Guidelines state that Celebrex is a non-steroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis. The guidelines also recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors, and does appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on the efficacy. There is lack of objective findings indicating the injured worker to have osteoarthritis and tendinitis of the knee. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines for recommendations of short term use. There is lack of documentation within the medical records indicating the efficacy of the medication as evidenced by significant objective functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Celebrex 200 mg #60 is not medically necessary.

