MAXIMUS Federal Services

Case Number:	CM14-0032876		
Date Assigned:	06/20/2014	Date of Injury:	01/15/2010
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 60-year-old woman who sustained a work-related injury on January 15, 2010. Subsequently she developed shoulder and neck pain. According to her medical report dated on February 7, 2014: the patient complains of bilateral upper extremity and bilateral shoulder pain. Her treatment has included medications, medical office visits, psychotherapy, and TENS. Her activity level remains the same. Her physical examination showed that the patient is in mild pain and a flat affect is noted. Inspection of the right shoulder revealed well-healed surgical scars. Movements of the right shoulder were restricted. A positive Hawkins and Neers test were reported. Negative Empty cans test was noted. There is tenderness to palpation noted in the biceps groove, glenohumeral joint, and subdeltoid bursa. The left shoulder had restricted movements and tenderness to palpation. The patient was prescribed Butran and Naprosyn without clear documentation of it is efficacy. The provider requested authorization to continue using the medication mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10 mcg/hour #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line oral pain medications (antidepressant and anticonvulsant). According to MTUS, Butrans is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. There is no documentation that the patient is suffering from opioid addiction. It seems that the drug was prescribed at least since 2013 without clear documentation of its effect. Therefore, the prescription of BUTRANS 10 mcg/hour #4 is not medically necessary.

Tegaderm 2.375 x 2.75 dressing, #8: 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 Other Medical Treatment Guideline or Medical Evidence: (1989). "Tegaderm-wound management." Nurs RSA 4(8): 22-27.

Decision rationale: Tegaderm is an adhesive wound dressing used to allow better adhesion. Tegaderm was used at least since 2013 and there is no clear documentation of a non-healing wound. There is no documentation of wound assessment. Therefore the prescription of Tegderm dressing is not medically necessary.

Naprosyn 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind the long term use of Naprosyn. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naprosyn to the lowest effective dose and used it for the shortest period possible. Naprosyn was used at least since 2013 without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. The patient's blood pressure was in the high side and could be

affected by the continuous use of NSAID. In addition, there is no recent documentation of acute pain exacerbation that may justify the use of Naprosyn. Therefore, the request for Naprosyn 500MG #60 is not medically necessary.