

<b>Case Number:</b>	CM14-0043856		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Management 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 injured worker is a 34 year old woman who injured her left shoulder on 8/20/2011. She was found to have a left labral tear and underwent surgical repair. She did not improve after surgery and was treated with numerous medications for her chronic pain. A second left shoulder surgery is planned. The PTP requests Norco, Flexeril, Ultram and Terocin patch. Physical examination was significant for left shoulder abduction at 60 degrees, tenderness along the rotator cuff, biceps tendon and AC joint. She had positive impingement, Speed test and Hawkins on the left. Diagnoses: 1. Left shoulder impingement and superior labrum anterior posterior tear s/p arthroscopic repair. 2. Cervical sprain/strain. 3. Stress, depression, weight gain, sexual dysfunction, sleep dysfunction and hypertension.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, page 80-94 Page(s): 80-94.

**Decision rationale:** The injured worker presents with post-surgical pain that did not improve after surgical intervention. Opioids are recommended for the treatment of moderate or severe nociceptive pain, which seems to be the main source of the injured worker's pain. Going through the medical records, the reviewer could not find adequate documentation of the efficacy of the Norco requested. There was mention that pain is reduced to 2-3/10 with Norco. There is no mention of change in function, monitoring for diversion, UDS, CURES reporting, optimal dosing or side effects from the medication. Despite my best efforts to find a reason to grant the medication, there was a paucity of supporting evidence in the documentation provided to support a recommendation for approval. Recommendation is not medically necessary.

**Flexeril:** Overturned

**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): 63-66.

**Decision rationale:** At the strength and amount prescribed, Flexeril is being used for episodic treatment of muscles spasms. The PTP states the injured worker takes Flexeril to decrease the intensity and frequency of spasms. This statement meets the criteria for the usage of Flexeril. Recommendation is medically necessary.

**Ultram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-94.

**Decision rationale:** The injured worker presents with post-surgical pain that did not improve after surgical intervention. Opioids are recommended for the treatment of moderate or severe nociceptive pain, which seems to be the main source of the injured worker's pain. Going through the medical records, the reviewer could not find any information documenting the efficacy of Ultram as an analgesic or evidence of increased function. There is no mention of change in function, monitoring for diversion, UDS, CURES reporting, optimal dosing or side effects from the medication. Recommendation is not medically necessary.

**Terocin patch:** 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:** Terocin is a compounded medication, which includes Lidocaine, Capsaicin, Salicylates and Menthol. The MTUS guidelines state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is indicated as a topical treatment for neuropathic pain. There is no evidence that the injured worker is being treated for neuropathic pain of her shoulder or neck. The patient presents with nociceptive, osteoarthritic and tendinitis type pain. Lidocaine is not recommended for the treatment of nociceptive, osteoarthritic and tendinitis pain. Recommendation is not medically necessary.