

<b>Case Number:</b>	CM14-0053802		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/22/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 59-year-old female with complaints of left shoulder and left neck pain. The date of injury is 02/11/11 and the mechanism of injury was she felt a pop in her left shoulder while doing a wheelchair tie down. At the time of request for NSAID cream for the left shoulder and Norco 10/325 mg #90, there is subjective (left shoulder and left neck pain radiating to the left biceps and triceps, left forearm and left dorsal surface of hand), objective (tenderness upon palpation of the left shoulder and left neck, and decreased sensation in C6 and C7 dermatomes), findings, imaging/other findings (UDSs were consistent), surgery (left shoulder surgeries on 07/13/11, 06/12/12, and 08/06/13), current medications (Norco. Allergic to verapamil and Zocor), diagnoses (left shoulder internal derangement, left shoulder rotator cuff tear, left shoulder impingement, left shoulder pain; status post left shoulder surgery, left cervical radiculopathy; status post surgical repair, cervical disc protrusion and neck pain), and treatment to date (failed PT; ibuprofen and naproxen due to gastric upset; cortisone injection without benefit; cervical pillow; and modified work status without benefit. She is on an up-to-date pain contract and no abuse history. No adverse reactions on hydrocodone. On Norco and tramadol since at least 02/19/14, but tramadol was discontinued as it was not helpful. She is disabled). The request for NSAID cream for the left shoulder and Norco 10/325 mg #90 was denied on 03/31/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NSAID cream for the Left Shoulder:** 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:** According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. Furthermore, according to the CA MTUS/ODG, the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is not interpretable since it is unknown what specific NSAID cream is being requested. Therefore, based on guidelines and a review of the evidence, the request for NSAID cream is not medically necessary.

**Norco 10/325 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." In this case, there is documentation of follow up to opioid pharmacotherapy ie opioid medication agreement, urine drug testing, treatment evaluation, record of negative/positive findings of drug misuse/aberrant behavior. There is documentation of significant analgesia/function on medication. Therefore, the request for Norco 10/325 #90 is medically necessary.