

Case Number:	CM14-0058550		
Date Assigned:	07/09/2014	Date of Injury:	11/15/2006
Decision Date:	08/12/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 42-year-old female who reported an injury on 11/15/2006 from an unknown mechanism of injury. The injured worker has a history of right upper extremity pain. The clinical note dated 05/27/2014 revealed the injured worker had pain to the right shoulder, bilateral elbow, bilateral wrist/hand, with numbness and paresthesias of the right ulnar forearm and ulnar hand. Examination of the left shoulder and cervical ranges of motion were restricted by pain in all directions. The left shoulder showed impingement signs, including Neer's and Hawkins, were positive. There was tenderness upon palpation of the bilateral wrists, right lateral elbow, and left medial elbow. Muscle strength reflexes were 1 and symmetric bilaterally in all limbs. The clonus, Babinski's, and Hoffmann signs were absent bilaterally. The remainder of the exam was unchanged from the previous visit. The injured worker had diagnoses of status post positive fluoroscopically-guided diagnostic medial branch block, cervical facet joint pain at C4-5, C5-6, C6-7, cervical facet joint arthropathy, left shoulder impingement, left shoulder bursitis, bilateral upper extremity repetitive injury, bilateral carpal tunnel syndrome, bilateral ulnar neuropathy, status post bilateral carpal tunnel release, status post left elbow surgery, status post right shoulder surgery x 2, and status post Cesarean section. The clinical note on 04/01/2014 revealed the injured worker to have pain in the right shoulder, bilateral elbow, bilateral wrists, and numbness and paresthesias of the right ulnar forearm and hand. A urine drug screen was performed on this date. Medication list included Valium 10 mg as needed, Norco 10/325 mg 4 times a day as needed for pain, ibuprofen 800 mg twice a day, Soma 350 mg twice a day as needed for spasms, simvastatin, Ambien 10 mg as needed for sleep, Abilify, and Pristiq. The Request for Authorization is dated 05/29/2014. The rationale for the NSAID cream was the injured worker takes ibuprofen but it does not provide adequate relief of the right shoulder pain. Rationale for hydrocodone 10/325 mg as the patient was able to complete

household chores with the medication. The patient is on an up-to-date pain contract and the patient's previous UDS (Urine drug screen) was consistent. The medication had no adverse effects on the injured worker and the injured worker showed no aberrant behavior with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg, every six hours as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for hydrocodone 10/325 mg every 6 hours as needed, #120 is non-certified. The injured worker has a history of pain in the right upper extremity. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There are ongoing monitoring documentation needed for chronic pain for patients on opioids to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There was a lack of documentation of the objective functional improvements obtained while taking this medication. Also, there is insignificant documentation for the side effects and pain relief of said medication. As such, the request for hydrocodone 10/325 mg every 6 hours as needed #120 is non-certified.

NSAID Cream: 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 NSAIDs Page(s): 112-113.

Decision rationale: The request for NSAID cream is non-certified. The injured worker has a history of upper extremity pain. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state topical NSAIDs work well within the first 2 weeks of treatment. Non-steroidal anti-inflammatory agents (NSAIDs) clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These

medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not recommend as there is no evidence to support the use. A clear rationale for prescribing a topical NSAID was not evident within the documentation provided. There is no documentation for use of a topical over the use of an oral form of said medication. The request as submitted failed to provide the ingredients of the NSAID cream, area of the body it was to be applied to, the frequency or quantity. As such, the request for NSAID cream is non-certified.