

<b>Case Number:</b>	CM14-0073046		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/02/2006
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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 American Board of Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 57-year-old female who was reportedly injured on 10/2/2008. The mechanism of injury is noted as listed the most recent progress note, dated 4/24/2014. Indicates that there are ongoing complaints of bilateral upper extremity pain. The physical examination demonstrated right shoulder: significant functional motion loss in the shoulder. Able to lift it up 80 at the most of abduction and forward flexion is to 90. With extreme discomfort pain. Significant loss of strength and motion abnormalities noted. Left shoulder: range of motion is much improved compared contralateral side, but is hyper mobile and feels unstable. Compared to the right shoulder there is significant impairment and functional loss suddenly. No diagnostic studies are available for review; however a previous magnetic resonance image is mentioned which apparently show significant pathology in the right shoulder with multiple tears. Previous treatment includes shoulder arthroscopy, medications, and conservative treatment. A request was made for hydrocodone/APAP 10/325 #90, Flurbiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.375% 30gm, and was not certified in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Flubiprofen 25%, menthol 10%, camphor 3%, capsaicin 0.375% 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not medically necessary.