

Case Number:	CM14-0085185		
Date Assigned:	07/23/2014	Date of Injury:	06/13/2012
Decision Date:	10/08/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/07/2014

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 Medicine and is licensed to practice in Texas. 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 59 year old male who reported a date of injury of 06/13/2012. The mechanism of injury was reported as a pushing and pulling injury. The injured worker had diagnoses of a SLAP tear, myofascial pain, right shoulder sprain, osteoarthritis of the AC joint, impingement, rotator cuff tendonitis and degeneration of glenoid labrum. Prior treatments included the use of a TENS unit, a home exercise program, and physical therapy. The injured worker had an MRI on 04/30/2013. Surgeries included subacromial decompression, arthroscopy, and anterior acromioplasty of the right shoulder on 09/25/2013. The injured worker had complaints of right shoulder pain rated 4/10 and stated medications and the TENS unit treatments were helping with the pain. The clinical note dated 04/19/2014 noted the injured worker had tenderness to palpation and decreased range of motion. Medications included Naproxen, Norco and Anaprox. The treatment plan included the physician's recommendation to continue with a home exercise program, the use of a TENS unit, and physical therapy. The physician recommended Naproxen for better pain control. The request for authorization form was not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naproxen 550mg #60 with 1 refill (DOS: 4/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The injured worker had complaints of right shoulder pain rated at 4/10 and stated medications and the TENS unit treatments were helping with the pain. The California MTUS guidelines recommend NSAID's at the lowest dose for the shortest period in patients with moderate to severe pain, usually 2-3 weeks. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There is a lack of documentation the injured worker has osteoarthritis with neuropathic pain. The guidelines indicate the use of NSAID's for moderate to severe pain for patients with osteoarthritis with neuropathic pain. The injured worker rated his pain 4/10. The injured worker is noted to have osteoporotic pain of the shoulder; however, there is a lack of documentation indicating the injured worker has osteoarthritis with neuropathic pain or significant functional deficits. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.

Retrospective: Tramadol 50mg #90 (DOS: 4/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: The injured worker had complaints of right shoulder pain rated at 4/10 and stated medications and the TENS unit treatments were helping with the pain. The California MTUS guidelines recommend ongoing review with 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. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating when the injured worker last underwent a urine drug screen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medications dose. As such, the request is not medically necessary.

Retrospective: Mentherm 120ml with 1 refill (DOS: 4/19/14): 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, Salicylate topicals Page(s): 111-112; 105.

Decision rationale: The injured worker had complaints of right shoulder pain rated at 4/10 and stated medications and the TENS unit treatments were helping with the pain. Menthoderm is comprised of Methyl Salicylate and Menthol. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note topical salicylate is significantly better than placebo in chronic pain. There is a lack of documentation indicating the injured worker has neuropathic pain and has failed a trial of antidepressants and anticonvulsants. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.