

Case Number:	CM14-0099915		
Date Assigned:	07/28/2014	Date of Injury:	12/06/2012
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Washington. 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 50-year-old female with a reported date of injury on 12/06/2012. Her diagnoses were noted to include left shoulder status post arthroscopic subacromial decompression with reconstruction and distal clavicle resection, right shoulder subacromial bursitis and impingement, right shoulder moderate to severe symptomatic acromial clavicular degenerative joint disease with calcific tendinitis, bilateral wrists synovia/ganglion cyst with degenerative findings, and history of left carpal tunnel release. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 05/08/2014 revealed the injured worker complained of ongoing pain to the left shoulder region. The injured worker indicated she had pain in the right shoulder and right hip region. Pain levels were reported at 4/10 to 8/10 and the topical creams and oral medications were helping, although there was some spasming that occurred intermittently in the left shoulder region. On the left shoulder exam there were healed surgical wounds about the left shoulder and the range of motion was flexion 0 to 140 degrees, abduction 0 to 130 degrees, external rotation 0 to 60 degrees, internal rotation 0 to 80 degrees, adduction and extension at 50 degrees. There was mild swelling and tenderness to palpation, as well as positive muscle spasm in the trapezius and deltoid region. The provider indicated the Norco was for pain, and it decreased her pain level by more than 40% and allowed for an increase in activities of daily living. The provider indicated the topical compound cream helped to decrease a burning type pain the injured worker felt in the left shoulder and increased activities of daily living. The progress note dated 07/02/2014 revealed the injured worker complained of pain levels that ranged from 2/10 to 4/10 in the left shoulder and right shoulder as well as the left wrist and neck. The left shoulder examination revealed decreased range of motion and with mild swelling and tenderness to palpation. There was positive muscle spasms noted in the trapezius and deltoid area. The provider indicated he

requested the Norco because it helped reduce pain by 50% and increased the ADLs on an industrial basis cooking, cleaning, and self care. The provider indicated he requested the topical compound cream to help reduce the burning sensation and the pain the injured worker felt, and it reduced her pain by 50%. The Request for Authorization form was not submitted within the medical records. The request was for Norco 10/325 mg #90 (for left shoulder only) for pain and the prescription of a topical compound cream: amitriptyline 10%/dextromethorphan 10%/gabapentin 10% 200 g (for left shoulder only) for burning sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 (for left shoulder only): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 05/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated the Norco reduced her pain by 50% and increased her ADLs on an industrial basis of cooking, cleaning, and self care. There is a lack of documentation regarding side effects and whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, without details regarding side effects and urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore the request is not medically necessary.

1 prescription of topical compound cream: amitriptyline 10%/ dextromethorphan 10%/ gabapentin 10% 210gm (for left shoulder only): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): 111-113.

Decision rationale: The request for a prescription of topical compound cream: Amitriptyline 10%/Dextromethorphan 10%/Gabapentin 10% 210 g (for left shoulder only) is not medically necessary. The injured worker has been utilizing this medication since at least 05/2014. The

injured worker indicated she received 50% pain relief from the topical compound cream and a reduction of the burning type sensation, as well as improved functional status. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Amitriptyline is an antidepressant which is recommended through an oral formulation. Dextromethorphan is a cough suppressant which is recommended by oral formulation. The guidelines do not recommend Gabapentin as a topical analgesic, as there is no peer reviewed literature to support use. The injured worker indicated she received 50% pain relief from this medication. However, the guidelines state any compounded agent that contains at least 1 drug (or drug class) that is not recommended, is not recommended, and Gabapentin is not recommended as a topical analgesic. The guidelines recommend Amitriptyline and Dextromethorphan as oral medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore the request is not medically necessary.