

Case Number:	CM14-0110165		
Date Assigned:	08/01/2014	Date of Injury:	11/14/2006
Decision Date:	01/31/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/15/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 62 year old female with an injury date of 11/14/06. Based on the 05/13/14 progress report provided by treating physician, the patient has history of right rotator cuff tear and complains of right shoulder pain. Per treater report dated 12/27/13, pain is rated 8/10 and travels up the patient's neck. Physical examination to the right shoulder on 05/13/14 revealed positive Impingement sign. Range of motion was decreased, especially on flexion 110 degrees. Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient uses topicals with relief of pain. Patient was prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. MRI of the Right Shoulder 05/05/14- there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion. - there is mild supraspinatus muscle atrophy. - there is scarring at the tear site. Diagnosis 12/27/13, 02/29/14- right shoulder impingement syndrome- recurrent rotator cuff tear of right shoulder- labral tear, right shoulder Diagnosis 05/13/14- right shoulder pain- status post shoulder arthroscopy, 10/04/07- right shoulder partial thickness tearing of supraspinatus with retraction- right shoulder supscapularis tendinosis with mild fraying and tearing- right shoulder partial tearing of proximal long head of biceps tendon- chronic tearing of right shoulder labrum The utilization review determination being challenged is dated 06/25/14. Treatment reports were provided from 12/27/13 - 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88, 89, 78, 60-61.

Decision rationale: The patient has history of right rotator cuff tear and presents with right shoulder pain rated 8/10. The request is for Norco 10/325mg #60. Patient is status post shoulder arthroscopy, 10/04/07. Patient's diagnosis on 12/27/13 and 02/29/14 included right shoulder impingement syndrome, recurrent rotator cuff tear of right shoulder, and right shoulder labral tear. Per MRI of the right shoulder dated 05/05/14, "there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion." Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient uses topicals with relief of pain. Patient was prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There are no UDS's, CURES or opioid pain contracts. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 22.

Decision rationale: The patient has history of right rotator cuff tear and presents with right shoulder pain rated 8/10. The request is for Naprosyn 500mg #60. Patient is status post shoulder arthroscopy, 10/04/07. Per MRI of the right shoulder dated 05/05/14, "there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion." Patient's diagnosis on 12/27/13

and 02/29/14 included right shoulder impingement syndrome, recurrent rotator cuff tear of right shoulder, and right shoulder labral tear. Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient uses topicals with relief of pain. Patient was prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The provider has not provided reason for the request. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naprosyn. None of the reports discuss medication efficacy, and there is insufficient documentation to make a decision based on guidelines. The request is not medically necessary.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient has history of right rotator cuff tear and presents with right shoulder pain rated 8/10. The request is for Tramadol 50mg #30. Patient is status post shoulder arthroscopy, 10/04/07. Patient's diagnosis on 12/27/13 and 02/29/14 included right shoulder impingement syndrome, recurrent rotator cuff tear of right shoulder, and right shoulder labral tear. Per MRI of the right shoulder dated 05/05/14, "there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion." Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient uses topicals with relief of pain. Patient was prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There are no UDS's, CURES or opioid pain contracts. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request is not medically necessary.

Enova RX-Ibuprofen 10% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient has history of right rotator cuff tear and presents with right shoulder pain rated 8/10. The request is for Enova Rx- Ibuprofen 10% Cream. Patient is status post shoulder arthroscopy, 10/04/07. Patient's diagnosis on 12/27/13 and 02/29/14 included right shoulder impingement syndrome, recurrent rotator cuff tear of right shoulder, and right shoulder labral tear. Per MRI of the right shoulder dated 05/05/14, "there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion." Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient uses topicals with relief of pain. Patient was prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per progress report dated 02/29/14, patient uses topicals with relief of pain. However, the requested topical compound contains Ibuprofen. In review of medical records, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated according to MTUS. Therefore the request is not medically necessary.

Xolido 2% pain relief 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 creams Page(s): 111. Decision based on Non-MTUS Citation Per www.drugs.com, Xolido cream

Decision rationale: The patient has history of right rotator cuff tear and presents with right shoulder pain rated 8/10. The request is for Xolido 2% pain relief cream. Patient is status post shoulder arthroscopy, 10/04/07. Patient's diagnosis on 12/27/13 and 02/29/14 included right shoulder impingement syndrome, recurrent rotator cuff tear of right shoulder, and right shoulder labral tear. Per MRI of the right shoulder dated 05/05/14, "there is diffuse high grade partial-thickness tearing of the proximal distal supraspinatus tendon, most prominent at the articular surface with a smaller slightly greater than 1cm full-thickness component distally and anteriorly with tendon retraction to the level of the acromion." Per progress report dated 02/29/14, patient has completed 12 sessions of physical therapy, which helps decrease her pain. Patient was

prescribed Norco, Naprosyn and topical creams, per progress reports dated 12/27/13 and 02/28/14. Per www.drugs.com, Xolido cream contains Lidocaine Hydrochloride. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Per progress report dated 02/29/14, patient uses topicals with relief of pain. MTUS page 111 states that if one of the compounded topical product ingredients is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore the request is not medically necessary.