

Case Number:	CM14-0202029		
Date Assigned:	12/11/2014	Date of Injury:	04/12/2012
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/01/2014

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 60 year old male with a date of injury of 4/12/12. According to treatment report dated 10/29/14, the patient is 3 weeks status post left shoulder arthroscopic repair. He continues to have right shoulder pain and is taking pain medications which allow him to function. The patient was instructed to start physical therapy shortly. Physical examination of the left shoulder revealed well-healed portal holes at the shoulder consistent with arthroscopic rotator cuff repair. Range of motion is significantly restricted. Impingement sign is positive. The patient also complains of right shoulder, and bilateral ankle pain. The listed diagnoses are biceps tendon rupture and post-surgical status. Treatment plan was for medications including Hydrocodone, Medrox pain relief ointment, capsaicin cream and Naproxen Sodium 550mg. The patient was instructed to follow up in 4 weeks. The patient is on temporary total disability for 6 weeks. The Utilization Review non-certified the requests on 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco)-APAP 10/325 tablet, twice a day, # 120, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: The patient is 3 weeks status post left shoulder arthroscopic repair and continues to have right shoulder pain. The current request is for Hydrocodone (Norco) APAP 10/325 tablet, twice a day, #120, two refills. For chronic opiate use, the 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 4 A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of the medical file indicates that the patient has been utilizing Hydrocodone since 6/4/14. Treatment reports dated 8/7/14 notes that the patient the patient is using Norco for severe pain and the pain interferes with work actives and daily living activities. Reports dated 9/22/14 and 10/29/14 states that medication allows him to "function." In this case, recommendation for further use of Hydrocodone cannot be supported as the physician has not provided any discussion regarding specific functional improvement, changes in ADL's or change in work status to show significant functional improvement. There is no before and after pain scale to show analgesia. Urine toxicology screens have not been provided to monitor for compliance and possible adverse side effects are not addressed. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication is not medically necessary.

Medrox pain relief ointment, apply to affected area twice a day, # 120, two refills: 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 rationale: The patient is 3 weeks status post left shoulder arthroscopic repair and continues to have right shoulder pain. The current request is for Medrox Pain Relief Ointment; apply to affected area twice a day, # 120 two refills. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Medrox is a compound topical analgesic that includes Methyl Salicylate 20%, Menthol 7%, and Capsaicin 0.050%. The MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental particularly at high doses. Medrox ointment contains 0.075% of Capsaicin, which is not supported by MTUS. Furthermore, Salicylate topical, an NSAID, is supported for peripheral joint arthritic and tendinitis type of problems only. This patient presents with shoulder pain for which topical NSAID is not indicated. Therefore, the entire compound cream is not medically necessary.

Capsaicin 0.025% cream, two refills: 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 rationale: The patient is 3 weeks status post left shoulder arthroscopic repair and continues to have right shoulder pain. The current request is for Capsaicin 0.025% cream, two refills. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." The MTUS Guidelines allows Capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. The patient has been prescribed topical Capsaicin since 6/4/14. In this case, there is no discussion on how this compound product is to be used and there is no discussion of its efficacy. MTUS page 60 require documentation of pain and function when medication is used for chronic pain. The requested Capsaicin cream is not medically necessary.

Naproxen Sodium 550 mg, two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory, Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient is 3 weeks status post left shoulder arthroscopic repair and continues to have right shoulder pain. The current request is for Naproxen Sodium 550mg two refills. The MTUS Guidelines page 22 on anti-inflammatory medication states that "anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted." The patient has been utilizing Naproxen since 6/4/14. In this case, recommendation for further use cannot be supported as the medical reports do not provide any discussion regarding the efficacy of the medication Naproxen. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The requested Naproxen is not medically necessary.