

Case Number:	CM14-0202408		
Date Assigned:	12/15/2014	Date of Injury:	04/30/2012
Decision Date:	02/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 30, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator denied topical Terocin, denied glucosamine, and denied Celebrex. A variety of MTUS and non-MTUS references were invoked, including the now-outdated, now-renumbered MTUS 9792.20e, which was mislabeled as originating from the current MTUS. An October 2, 2014 progress note and a November 17, 2014 RFA form were also referenced. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported persistent complaints of shoulder pain with flexion and abduction in the 100- to 110-degree range. The applicant was asked to continue Terocin, Celebrex, and Genicin. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this was not clearly stated. In a November 11, 2014 progress note, the applicant was again given the same, unchanged, a rather proscriptive 10-pound lifting limitation. The attending provider suggested that the applicant was not working with said limitation in place. 2-6/10 pain was noted. The applicant was using an H-Wave device, Celebrex, Terocin, and Genicin. There was no mention of any gastrointestinal issues at this point. The applicant was given a primary diagnosis of shoulder acromioclavicular joint arthritis and was status post earlier shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin Lotion, 1 Bottle: 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 Capsaicin topic Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Terocin Medication Guide.

Decision rationale: Terocin, per the National Library of Medicine (NLM), is an amalgam of methyl salicylate, capsaicin, and Menthol. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, the primary ingredient in the Terocin compound at issue, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. In this case, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Terocin compound at issue. Therefore, the request is not medically necessary.

Genicin (Glucosamine 500mg) #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine topic Page(s): 50.

Decision rationale: The attending provider indicated that glucosamine is being employed for joint health purposes, for the applicants shoulder arthritis pain. As noted on page 50 of the MTUS Chronic Pain Medical Treatment Guidelines, glucosamine is recommended as an option, given its low risk, in applicants with moderate arthritis pain, as is present here. While the attending providers progress note did not incorporate any explicit discussion of medication efficacy insofar as glucosamine was concerned, continuing the same does appear to be more appropriate than discontinuing the same, given its reported low risk. Therefore, the request is medically necessary.

Celebrex 200mg #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 Antiinflammatory Medications topic. Page(s): 22. Decision based on Non-MTUS Citation MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that COX-2 inhibitors such as Celebrex are recommended in favor of nonselective

NSAIDs such as Motrin or Naprosyn in applicants with a history of GI complications, in this case, however, there was no mention of the applicants having issues with GI complications with nonselective NSAIDs such as Motrin or Naprosyn which would compel provision of Celebrex, a COX-2 inhibitor. It is further noted that the applicant has been using Celebrex for what appears to be a minimum of several months. The applicant did not; however, appear to have profited from the same. The applicant seemingly remains off of work. A rather proscriptive 10-pound lifting limitation remains in place, unchanged, from visit to visit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request is not medically necessary.