

Case Number:	CM15-0005552		
Date Assigned:	01/20/2015	Date of Injury:	04/12/2012
Decision Date:	03/18/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 04/12/2012. Medical records provided did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with left shoulder rotator cuff tear, status post right shoulder arthroscopy with residual impingement, and status post right elbow distal biceps tendon rupture repair surgery times four. Treatment to date has included physical therapy, above listed surgical procedures, and a medication regimen of Omeprazole, Hydrocodone, Naproxen, and Capsaicin Cream. Currently, the injured worker complains of right shoulder pain. The treating physician requested the prescriptions for Naproxen Sodium, Norco, and Medrox with the treating physician noting that the injured worker should continue on the same medication regimen. On 12/31/2014 Utilization Review modified the prescriptions of Naproxen Sodium 550mg 2 tablets by mouth daily for a quantity of 60 times 2 refills to Naproxen Sodium 550mg with a quantity of 60 with no refills and Norco 10/325mg, 2 tablets by mouth twice a day for a quantity of 120 with 2 refills to Norco 10/325mg for a quantity of 120 with no refills; and the noncertification of Medrox pain relief ointment applied to affected area twice a day with a quantity of 120 times 2 refills, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: NSAIDS (non-steroidal anti-inflammatory drugs), Criteria For Use Of Opioids, and Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, 2 tabs PO QD #60 x 2 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 medication , medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with bilateral shoulder, right elbow, and ankle/feet pain. The patient is status post left shoulder arthroscopic repair from September 2014. The current request is for naproxen sodium 550 mg 2 tabs p.o. q.d. #60 with 2 refills. The MTUS Guidelines page 22 regarding antiinflammatory medication states that, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Review of the medical file indicates the patient has been utilizing naproxen since at least 05/30/2014. In this case, naproxen sodium may be appropriate given the patient's continued pain, but the request is for #60 with 2 refills. Review of progress report indicates the patient is instructed to follow up every 4 weeks. The additional refills are not indicated until there is adequate documentation of this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for pain. The request for naproxen #60 with 2 refills IS NOT medically necessary.

Norco 10/325mg, 2 tabs PO BID #120 with 2 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): 76-78, 88-89.

Decision rationale: This patient presents with bilateral shoulder, right elbow, and ankle/feet pain. This patient is status post left shoulder arthroscopic repair on September of 2014. The current request is for Norco 10/325 mg, 2 tabs p.o. b.i.d. #120 with 2 refills. For chronic opioids, the MTUS Guidelines page 88 and 89 state, "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 including analgesia, ADLs, adverse side effects, and adverse behavior. "Pain assessment" or outcome measures should include chronic pain, average pain, least pain, intensity of pain after taking opioid, time it takes for medications to work, and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since at least 5/30/2014. The treating physician has noted that the patient takes medications for pain which allow him to function. In this case, recommendation for further use cannot be supported as there is no discussion regarding specific functional improvement, changes in ADL's, or change in work status to show significant functional improvement. Urine drug screens are not provided and aberrant behaviors 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 use. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.

Medrox pain relief ointment, apply to affected area BID #120 x 2 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 analgesic Page(s): 111-113.

Decision rationale: This patient presents with bilateral shoulder, right elbow, and ankle/feet pain. This patient is status post left shoulder arthroscopic repair on September of 2014. The current request is for Medrox pain relief ointment apply to affected area b.i.d. #120 x 2 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 1 drug or drug class that is not recommended is not recommended." Review of the medical file indicates the patient has been utilizing this topical cream since 10/29/2014. 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. The requested Medrox topical ointment IS NOT medically necessary.