

Case Number:	CM15-0180268		
Date Assigned:	09/22/2015	Date of Injury:	01/03/2014
Decision Date:	11/12/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/14/2015

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 62 year old male, who sustained an industrial injury on 1-3-2014. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for advanced right shoulder impingement and lumbar sprain and strain. On 8-6-2015, the injured worker reported pain and tightness of the right shoulder and low back pain into the buttocks. The treating physician noted that the injured worker had a sacral 1 (sacral 1) nerve root block without benefit and tried a transcutaneous electrical nerve stimulation (TENS) unit without relief. The physical exam (8-6-2015) revealed deep tendon reflexes were 1+ right patella, trace left, and trace bilateral Achilles. The left straight leg raise caused low back pain only. There were positive Patrick's and left thigh compression, tenderness of the left sacroiliac joint and positive Hibb's. The right shoulder had forward flexion of 90, extension of 25, abduction of 80, external rotation of 15, and internal rotation of 30 with passive range of motion. There was a tenderness rotator cuff footprint. On 5-14-2015, a urine drug screen revealed negative results for all tested drugs. Surgeries to date have included a rotator cuff repair. Treatment has included a left sacral 1 nerve root block on 7-10-2015, home exercises, chiropractic-physical therapy, and medications including oral pain (Norco since at least 3-2015), topical pain (Salonpas since at least 3-2015), sleep, and non-steroidal anti-inflammatory (Naproxen since at least 5-2015). Per the treating physician (8-6-2015 report), the injured worker is to remain off work. On 8-22-2015, the requested treatments included Naproxen 500mg #60, Salonpas #30, and Norco 10-325mg #30. On 9-1-2015, the original utilization review non-certified requests for Naproxen 500mg #60, Salonpas #30, and Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with pain to right shoulder and low back pain into the buttocks. The patient is status post right shoulder arthroscopy 10/08/14. The request is for NAPROXEN 500MG #60. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes advanced rotator cuff shoulder impingement and lumbar sprain/strain. Physical examination to the right shoulder on 08/06/15 revealed decreased range of motion and tenderness to the rotator cuff. Examination of the lumbar spine revealed positive Patrick's and left thigh compression, tenderness of the left sacroiliac joint and positive Hibb's. Treatment to date has included surgery, imaging studies, injections, TENS, home exercises, chiropractic-physical therapy, and medications. Patient's medications include Norco, Naproxen, Ambien and Salonpas. The patient is off-work. MTUS, Anti-inflammatory medications, pg 22 states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Naproxen has been included in patient's medications, per progress reports dated 03/02/15, 05/14/15 and 08/06/15. It is not known when this medication was initiated. In this case, treater does not discuss the impact of the NSAID on patient's pain or function any of the reports. Although use of oral NSAIDs may be indicated given the patient's chronic pain condition, without documentation of efficacy, it is not supported by MTUS. MTUS page 60 states "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given lack of documentation, this request is not medically necessary.

Salonpas #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with pain to right shoulder and low back pain into the buttocks. The patient is

status post right shoulder arthroscopy 10/08/14. The request is for Salonpas #30. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes advanced rotator cuff shoulder impingement and lumbar sprain/strain. Physical examination to the right shoulder on 08/06/15 revealed decreased range of motion and tenderness to the rotator cuff. Examination of the lumbar spine revealed positive Patrick's and left thigh compression, tenderness of the left sacroiliac joint and positive Hibb's. Treatment to date has included surgery, imaging studies, injections, TENS, home exercises, chiropractic-physical therapy, and medications. Patient's medications include Norco, Naproxen, Ambien and Salonpas. The patient is off-work. Salonpas contains Methyl salicylate and Menthol. MTUS Guidelines, Topical Analgesics Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Salonpas has been included in patient's medications, per progress report dated 03/02/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request, nor indicated where this topical is applied and with what efficacy. Nonetheless, MTUS indicates Topical Salicylates for peripheral joint arthritis/tendinitis conditions. This patient presents with low back and shoulder pain, for which this topical is not supported. MTUS clearly states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Furthermore, MTUS requires recording of pain and function when medications are used for chronic pain (p60). This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with pain to right shoulder and low back pain into the buttocks. The patient is status post right shoulder arthroscopy 10/08/14. The request is for Norco 10/325mg #30. Patient's diagnosis per Request for Authorization form dated 08/27/15 includes advanced rotator cuff shoulder impingement and lumbar sprain/strain. Physical examination to the right shoulder on 08/06/15 revealed decreased range of motion and tenderness to the rotator cuff. Examination of the lumbar spine revealed positive Patrick's and left thigh compression, tenderness of the left sacroiliac joint and positive Hibb's. Treatment to date has included surgery, imaging studies, injections, TENS, home exercises, chiropractic-physical therapy, and medications. Patient's medications include Norco, Naproxen, Ambien and Salonpas. The patient is off-work. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco has been included in patient's medications, per progress reports dated 05/14/15, 06/18/15 and 08/06/15. It is not known when this medication was initiated. UDS report dated 05/26/15 indicated that Norco was not detected, demonstrating inconsistent result. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no before and after pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS, this request is not medically necessary.