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| Case Number: | CM15-0221570 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 03/06/2012 |
| Decision Date: | 12/30/2015 | UR Denial Date: | 10/22/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68 year old male who sustained an industrial injury on 3-6-12. A review of the medical records indicates that the worker is undergoing treatment for right shoulder rotator cuff syndrome, status post right shoulder arthroscopy and debridement with decompression, chronic cervical strain, chronic lumbar strain with disc bulge, left shoulder rotator cuff syndrome, sleep issues, and status post right shoulder rotator cuff repair. Subjective complaints (9-18-15) include persistent pain in the neck and lower back rated at 7 out of 10. Neck pain radiates to both upper extremities and low back pain radiates to both lower extremities with weakness. Right shoulder pain is rated at 6-7 out of 10. Pain is made better with rest and medication. Norco is taken on an as needed basis which takes pain from 8 out of 10 to 4 out of 10. Objective findings (9-18-15) include slightly decreased cervical spine range of motion, tenderness to paraspinals right greater than left, positive Spurling's (right), decreased right shoulder range of motion, decreased lumbar spine range of motion, tenderness to paraspinals, positive Kemp's sign bilaterally and positive straight leg raise (left) with radiation to the posterior thigh. It is noted the worker cannot take non-steroidal anti-inflammatory drugs due to gastrointestinal upset. Work status is return to modified work on 9-18-15 with restrictions-limitations. Previous treatment includes Norco (since at least 4-10-15), injection (right shoulder), and physical therapy. The treatment plan includes pending authorization for: physical therapy, consultation, Agreed Medical Exam report, and request Kera-Tex gel, urine toxicology screen for the next visit, and Norco 10-325mg #90. The requested treatment of one container of Kera- Tek gel 4 oz was non-certified and Norco 10-325mg #90 was modified to #45 on 10-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

One container of Kera-Tek gel, 4oz: Overturned

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

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

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for right shoulder and radiating neck and radiating low back pain. He has a surgical history of a right rotator cuff decompression and debridement. When seen, Norco was decreasing pain from 8/10 to 4/10. Physical examination findings included a body mass index over 29. There was decreased cervical, lumbar, and right shoulder range of motion. He had paraspinal muscle tenderness. Spurling, Kemp's, and left straight leg raising tests were positive. Norco was continued. Keratek gel was requested. The claimant was unable to take oral NSAID medication due to gastric upset. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has reported intolerance of oral NSAID medication. He has localized right shoulder pain likely amenable to topical treatment. Generic medication is available. The request is medically necessary.

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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

Decision rationale: The claimant sustained a work injury in March 2012 and is being treated for right shoulder and radiating neck and radiating low back pain. He has a surgical history of a right rotator cuff decompression and debridement. When seen, Norco was decreasing pain from 8/10 to 4/10. Physical examination findings included a body mass index over 29. There was decreased cervical, lumbar, and right shoulder range of motion. He had paraspinal muscle tenderness. Spurling, Kemp's, and left straight leg raising tests were positive. Norco was continued. Keratek gel was requested. The claimant was unable to take oral NSAID medication due to gastric upset. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.