

Case Number:	CM15-0223751		
Date Assigned:	11/19/2015	Date of Injury:	01/01/2014
Decision Date:	12/30/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 36-year-old female, with a reported date of injury of 01-01-2014. The diagnoses include neck pain, cervical degenerative disc disease, cervical facet pain, myofascial pain, right shoulder pain, right rotator cuff sprain, right shoulder impingement, right shoulder high-grade partial rotator cuff tear, and ulnar neuropathy on the left. The progress report dated 10-13-2015 indicates that the injured worker noticed that her right shoulder pain had returned and felt worse. She had neck pain and right shoulder pain. There was also numbness in the ulnar distribution in the left upper extremity. The injured worker rated her pain 9 out of 10 without medications and 8 out of 10 with medications (08-13-2015 and 10-13-2015). It was noted that the pain was unchanged since her last appointment. The physical examination showed neck pain with Spurling's sign; tenderness over the cervical paraspinals on the left; tenderness over the spinous processes at the left C4-5 and C5-6; full range of motion of the cervical spine; tenderness over the right acromioclavicular joint; decreased range of motion of the right shoulder in all directions, mostly with external rotation; intact sensation in the upper extremities; and normal heel to toe progression. It was noted that an MRI of the cervical spine on 02-13-2014 showed broad-based disc bulge at C4-5 and C5-6; and an MRI of the right shoulder on 02-13-2014 showed supraspinatus tendinosis with high-grade partial thickness tear of the posterior distal supraspinatus tendon fibers and fluid within the subacromial and subdeltoid bursa superficial to the area of the supraspinatus tendon injury. There was documentation that the CURES report was reviewed and was "consistent", and that there were no red flags. The treating physician also noted that a urine toxicology screening was done on 09-10-2015 and the results

"were negative for all substances". The plan was to wean the injured worker off Norco, since there was a violation of the opioid contract. The injured worker's work status was noted as temporary total disability. The diagnostic studies to date have included a urine drug screen on 09-10-2015 with inconsistent findings for Hydrocodone; a urine drug screen on 04-20-2015 with consistent findings for Hydrocodone and Hydromorphone; a urine drug screen on 06-16-2015 which was positive for Ethanol; and electrodiagnostic studies of the bilateral upper extremities on 06-08-2015 with normal findings. Treatments and evaluation to date have included right shoulder injection on 05-21-2015 (3 months of pain relief), one chiropractic treatment session (helpful), Norco (since at least 05-2015), Voltaren gel (since at least 05-2015), and left cubital tunnel surgery on 10-15-2014. The treating physician requested Norco 325mg #120, Ultracet 37.5mg #90, and Terocin 4-4% patches #30 for neck and shoulder pain. On 10-28-2015, Utilization Review (UR) non-certified the request for Norco 325mg #120, Ultracet 37.5mg #90, and Terocin 4-4% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325mg #120: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; cervical DDD; cervical facet pain; myofascial pain; right shoulder pain; right rotator cuff sprain; right shoulder impingement; right shoulder high grade partial rotator cuff tear; and ulnar neuropathy left. Date of injury is January 1, 2014. Request for authorization is October 19, 2015. According to a progress note dated April 20, 2015, medications included Norco 10/325mg and Voltaren gel. According to an October 13, 2015 progress note, subjective complaints include right-sided neck pain, right shoulder pain and numbness over the ulnar distribution the left upper extremity. Pain score is 8/10 (unchanged from prior). Objectively, there is cervical tenderness in the paraspinal muscles on the left and spinous processes C4-C6. Range of motion is full. Urine drug screen was performed September 10, 2015. Urine drug screen was negative for all prescribed medications. The treating provider

indicated this is a violation of the opiate contract. The treating provider then prescribed/dispensed Ultracet. There is no clinical rationale for dispensing Ultracet in lieu of the inconsistent urine drug screen and violation of the opiate contract. There is no documentation demonstrating objective functional improvement with Norco 10/325mg. There is no clinical rationale for the addition of a second short-term opiate (Ultracet) to be taken concurrently with Norco. There are no detailed pain assessments or risk assessments. There is no documentation showing an attempt at Norco weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Norco 10/325 mg, and a violation of the opiate contract, Norco 10/325mg #120 is not medically necessary.

Ultracet 37.5mg #90: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are neck pain; cervical DDD; cervical facet pain; myofascial pain; right shoulder pain; right rotator cuff sprain; right shoulder impingement; right shoulder high grade partial rotator cuff tear; and ulnar neuropathy left. Date of injury is January 1, 2014. Request for authorization is October 19, 2015. According to a progress note dated April 20, 2015, medications included Norco 10/325mg and Voltaren gel. According to an October 13, 2015 progress note, subjective complaints include right-sided neck pain, right shoulder pain and numbness over the ulnar distribution the left upper extremity. Pain score is 8/10 (unchanged from prior). Objectively, there is cervical tenderness in the paraspinal muscles on the left and spinous processes C4-C6. Range of motion is full. Urine drug screen was performed September 10, 2015. Urine drug screen was negative for all prescribed medications. The treating provider indicated this is a violation of the opiate contract. The treating provider then prescribed/dispensed Ultracet. There is no clinical rationale for dispensing Ultracet in lieu of the inconsistent urine drug screen and violation of the opiate contract. There is no documentation demonstrating objective functional improvement with Norco 10/325mg. There is no clinical rationale for the addition of a second short-term opiate (Ultracet) to be taken concurrently with Norco. There are no detailed pain assessments or risk assessments. Based on clinical

information in the medical record, peer-reviewed evidence-based guidelines, no chemical rationale for the addition of Ultracet in lieu of the opiate contract violation, and no clinical rationale for two short acting opiates taken concurrently, Ultracet 37.5 mg #90 is not medically necessary.

Terocin 4 - 4% patches, #30: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Terocin 4 - 4% patches, #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Terocin contains lidocaine, Capsaicin and menthol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are neck pain; cervical DDD; cervical facet pain; myofascial pain; right shoulder pain; right rotator cuff sprain; right shoulder impingement; right shoulder high grade partial rotator cuff tear; and ulnar neuropathy left. Date of injury is January 1, 2014. Request for authorization is October 19, 2015. According to a progress note dated April 20, 2015, medications included Norco 10/325mg and Voltaren gel. According to an October 13, 2015 progress note, subjective complaints include right-sided neck pain, right shoulder pain and numbness over the ulnar distribution the left upper extremity. Pain score is 8/10 (unchanged from prior). Objectively, there is cervical tenderness in the paraspinal muscles on the left and spinous processes C4-C6. Range of motion is full. Urine drug screen was performed September 10, 2015. Urine drug screen was negative for all prescribed medications. The treating provider indicated this is a violation of the opiate contract. The treating provider then prescribed/dispensed Ultracet. There is no clinical rationale for dispensing Ultracet in lieu of the inconsistent urine drug screen and violation of the opiate contract. There is no documentation demonstrating objective functional improvement with Norco 10/325mg. There is no clinical rationale for the addition of a second short-term opiate (Ultracet) to be taken concurrently with Norco. The strength of Capsaicin is not indicated. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (capsaicin and lidocaine and non-Lidoderm form) that is not recommended is not recommended. There is no documentation of failed first line treatment antidepressants anticonvulsants. Consequently, Terocin 4 - 4% patches, #30 is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Terocin 4 - 4% patches, #30 is not medically necessary.