

Case Number:	CM15-0085412		
Date Assigned:	05/07/2015	Date of Injury:	01/01/2012
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/04/2015

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, 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 54 year old female, who sustained an industrial injury on 1/1/12. The injured worker was diagnosed as having bilateral shoulder impingement, bilateral wrist and hand tenosynovitis with bilateral carpal tunnel syndrome, bilateral elbow lateral and medial epicondylitis and posterior elbow pain, cervical strain, lumbar strain with left lumbar radiculitis and anxiety and depression due to chronic pain. Treatment to date has included right shoulder surgery, physical therapy, pain management, wrist splint, cane for ambulation, oral medications including Norco and topical medications including Menthoderm. (MRI) magnetic resonance imaging of right elbow done on 5/6/14 was essentially non-contributory. Currently, the injured worker complains of neck pain greater on right side with radiation to scapular area and sometimes into the shoulder blade and upper arm regions, right upper shoulder pain that is dull, achy and worsens with at or above shoulder level reaching, right elbow pain that worsens with activities, right wrist pain, left shoulder pain, left elbow pain, left wrist pain, low back pain and fatigue and tiredness. It is noted Menthoderm topical cream has helped control chronic pain and has improved activities of daily living along with allowing the injured worker to use less pain medication. Physical exam noted tenderness of lateral and posterior elbows with painful range of motion, right shoulder revealed healed surgical scar, palpation of left shoulder revealed tenderness over the subacromial region of left with positive impingement sign, palpation of cervical spine revealed muscle spasm greater on the right with tenderness of paracervical muscles greater on the right, palpation of lumbar muscles showed muscle spasm greater on the left with tenderness of paralumbar muscles and palpation of hands and wrists revealed tenderness

of dorsum and medial wrist with painful range of motion and positive carpal tunnel compression. The treatment plan included request for authorization of ibuprofen, Mentherm topical cream, Norco, hand and neurology consultations, continued physical therapy and follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm Topical Cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence:<http://www.physiciansproducts.net/joomla/index.php/topical-pain-creams/72-mentherm>.

Decision rationale: Regarding the request for mentherm, CA MTUS states that topical NSAIDs are indicated for "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." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested mentherm is not medically necessary.

Ibuprofen 800mg bid prn pain and inflammation #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Motrin (ibuprofen) is not medically necessary.

Norco 5/325 1tab tid prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.