

Case Number:	CM14-0119515		
Date Assigned:	09/16/2014	Date of Injury:	10/08/2009
Decision Date:	10/22/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. . 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 65-year-old gentleman who was reportedly injured on October 8, 2009. The most recent progress note dated August 29, 2014, indicates that there were ongoing complaints of neck pain and left shoulder pain. The physical examination demonstrated tenderness along the cervical spine and at the left shoulder. Diagnostic nerve conduction studies of the upper extremities were normal. A magnetic resonance image the cervical spine revealed multilevel disc bulges and facet arthropathy. Previous treatment includes a left shoulder arthroscopy. A request was made for a magnetic resonance image (MRI) of the left shoulder, Norco 5/325, a topical compound of flurbiprofen/capsaicin/menthol/camphor and of ketoprofen/cyclobenzaprine/lidocaine, and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for topical compounded ointment

Flurbiprofen/Capsaicin/Menthol/Camphor 10%/0.25%/2%/1% quantity 120gm.: Upheld

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

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): Page 111-112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of ibuprofen/capsaicin/menthol/camphor is not medically necessary.

Prospective request for 1 prescription for Norco 5/325mg, quantity 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Weaning of Medications..

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 rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic shoulder pain after a work-related injury. However, a review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current regimen. As such, this request for Norco 5/325 is not considered medically necessary.

Prospective request for 1 prescription for topical compounded ointment Ketoprofen/Cyclobenzaprine/Lidocaine 10%/3%/5%, 120 gm.: Upheld

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

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 rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a topical compound of ketoprofen/cyclobenzaprine/lidocaine is not medically necessary.

Prospective request for 1 magnetic resonance imaging of the left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Shoulder, MRI, (Updated August 27, 2014).

Decision rationale: The injured worker has had previous left shoulder surgery and a repeat MRI is only indicated for significant change of the injured employee symptoms. As there are no physical examination findings to support this, a repeat MRI the left shoulder is not medically necessary.