

Case Number:	CM14-0133376		
Date Assigned:	08/22/2014	Date of Injury:	02/13/2013
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in California. 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 55-year-old female who reported injury on 02/13/2013. The diagnosis was sprain of rotator cuff. The injured worker underwent an extensive debridement and capsulectomy of the shoulder, with a subacromial decompression and manipulation under anesthesia on 07/16/2014. Prior treatments included physical therapy. Prior diagnostic studies included a CT with contrast of the upper extremity. The injured worker's current medications were noted to include Topamax, Vicodin, Estradiol, Lamotrigine, and Inderal. The mechanism of injury was the injured worker was holding onto a counter with her left hand to reach under the desk with her right hand to unplug the radio. As the injured worker was pulling the radio plug, she experienced a sharp pain in the left shoulder. The injured worker had x-rays of the left shoulder. Documentation of 06/26/2014 revealed the injured worker had ongoing left shoulder pain. The injured worker had a trial of physical therapy, which worsened left shoulder pain. The objective findings revealed atrophy of the left deltoid and posterior superior shoulder girdle musculature. The injured worker had tenderness to palpation over the anterior rotator cuff mechanism. There was no gross AP instability. The range of motion was restricted by adhesive capsulitis and pain with flexion. The diagnosis included rotator cuff tear. The treatment plan included Vicodin 2.5/325 #60, 1 every 4 hours as needed for pain; Norco 10/325 #120, 1 every 4 hours as needed for severe pain; Relafen 750 mg, twice a day, Cyclobenzaprine 10 Mg Twice a Day, and Flurbiprofen Cream to the left shoulder twice a day; as well as Omeprazole 20 mg 1 twice a day to prevent problems from Relafen. Additional treatments included daily pendulum and wall-climbing exercise, and heat prior to exercise. There was no Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 # 60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration of use for the requested medications. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills. Additionally, there was a lack of documented rationale for the request for Norco 2.5/325 #60 with 3 refills and Vicodin 2.5/325 #60. The two medications have basically the same ingredients. Given the above and the lack of documentation, the request for Norco 2.5/325 #60, refills: 3, is not medically necessary.

Norco 5/325 # 60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Norco 5/325 #60, refills: 3, is not medically necessary.

Vicodin 2.5/325 # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the duration of use for the requested medications. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills. Additionally, there was a lack of documented rationale for the request for Norco 2.5/325 #60 with 3 refills and Vicodin 2.5/325 #60. The two medications have basically the same ingredients. Given the above and the lack of documentation, the request for Vicodin 2.5/325 #60 is not medically necessary.

Prilosec 20mg # 60 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend Proton Pump Inhibitors for the treatment of dyspepsia secondary to NSAID therapy. They further indicate that injured workers should be assessed for risk factors for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker's Relafen had been approved. However, there was a lack of documentation indicating the injured worker had been assessed to be at risk for gastrointestinal events and that the injured worker had signs and symptoms of dyspepsia. There was a lack of documentation indicating the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Prilosec 20 mg #60, refills: 3, is not medically necessary.

Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain. Their use is not recommended for longer than 3 weeks. The clinical documentation submitted for review failed to provide the duration of use. There was a lack of documentation of objective functional improvement with the medication. The request as submitted failed to indicate the frequency and

quantity for the requested medication. Given the above, the request for Cyclobenzaprine 10 mg is not medically necessary.

Flurbiprofen cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS, Flurbiprofen Page(s): 111-112, 72.

Decision rationale: The California MTUS Guidelines recommend Topical Analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs should be utilized for osteoarthritis for short-term relief for osteoarthritis and tendonitis. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The clinical documentation submitted for review indicated the medication would be utilized for the shoulder. There was a lack of documentation indicating the duration of use. The request as submitted failed to indicate the frequency, quantity, and strength. There was a lack of documentation indicating the injured worker had neuropathic pain and that the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, there was a lack of documentation indicating a necessity for both an oral and topical form of NSAID. Given the above, the request for Flurbiprofen Cream is not medically necessary.