

Case Number:	CM14-0147804		
Date Assigned:	09/15/2014	Date of Injury:	05/11/2013
Decision Date:	10/15/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a date of injury of 5/11/13. The mechanism of injury was not noted. On 1/16/14 he had right shoulder arthroscopic rotator cuff repair and on 6/20/14 reported left shoulder pain. Objective findings included improved range of motion of the right shoulder with physical therapy. On 7/23/14 the patient reported a flare up of his cervical spine pain and left shoulder pain, and also sciatica. Objective findings were positive for sensory deficits. The plan was to change the patient's anti-inflammatory medication to Motrin (ibuprofen) and start a trial of Terocin patches. The diagnostic impression is bilateral shoulder sprain, tendonitis, bursitis, and impingement syndrome with radiculopathy of the upper extremities. Treatment to date: right rotator cuff repair 1/16/14, physical therapy, and medication management. A UR decision dated 8/27/14, denied the requests for ibuprofen, Terocin patches and Hydrocodone Bit/Acetaminophen 10/325mg #60. The Motrin was denied because the medical records provided indicate the patient was experiencing ongoing shoulder pain with sensory deficits and radiculopathy of the upper extremities. The patient's anti-inflammatory medication was changed to Motrin on 7/23/14. The rationale for switching to Motrin was not provided. A pain assessment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. On 7/23/14 it was noted that his anti-inflammatory med was to be changed to ibuprofen for acute flare-up of his cervical spine pain and left shoulder pain and sciatica. Guidelines do not support the long-term use of NSAIDs for neuropathic pain. In addition, there is no documentation noting why the patient's anti-inflammatory medication needed to be changed to ibuprofen. Therefore, the request for Ibuprofen 800mg #60 was not medically necessary.

Terocin Patches #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS chronic pain medical treatment guidelines states that topical lidocaine in the formulation of a dermal patch has been designated for orphans status by the FDA for neuropathic pain. In addition, CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). However, Terocin patch contains lidocaine 4% and menthol 4%. Guidelines recommend a trial of Terocin patches for a short-term period of no more than four weeks. The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day the patch(es) are to be worn. However, there was no indication that the patient has tried and failed a first-line medication such as Gabapentin or Lyrica. In addition, the area to be applied, number of planned patches and duration for use per day was not indicated. Therefore, the request for Terocin patches #10 was not medically necessary.

Hydrocodone Bit/Acetaminophen 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of a CURES Report of an opiate pain contract. In addition, there is no noted urine drug screens provided for review. Therefore, the request for Hydrocodone Bit/Acetaminophen 10/325mg #60 is not medically necessary.