

Case Number:	CM14-0150256		
Date Assigned:	09/18/2014	Date of Injury:	08/23/2009
Decision Date:	10/28/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Medicine and is licensed to practice in Florida. 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 59-year-old female who reported an injury on 08/23/2009. The mechanism of injury was not provided. On 9/24/2014, the injured worker presented with pain and stiffness to the right shoulder. Upon examination there was consistent symptoms of adhesive capsulitis and significantly guarded posture of the right upper extremity with limited glenohumeral arm swing during ambulation. Prior therapy included surgery of the right shoulder. Her current medication list was not provided. There were no diagnoses listed. The provider recommended Norco and Menthoderm, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

Decision rationale: The request for Norco 10/325mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The

guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be evident. The clinical documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behaviors and side effects. Additionally, the efficacy of the medication was not provided. The frequency of the medication was also not provided in the request as submitted. As such, medical necessity has not been established.

Menthoderm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Menthoderm is not medically necessary. The California MTUS state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation that the injured worker had failed a trial of an antidepressant and anticonvulsant. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the dose, quantity, frequency or site at which the Menthoderm was indicated for in the request as submitted. As such, medical necessity has not been established.