

Case Number:	CM14-0091544		
Date Assigned:	07/25/2014	Date of Injury:	06/25/2013
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Orthopaedic Surgery, 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:

This 48-year-old male sustained an industrial injury on 6/25/13. Injury occurred when the patient was welding a metal plate to a wall when a large 18-foot piece of rebar fell and hit his left shoulder and arm. The patient was status post left shoulder arthroscopy with subacromial decompression, rotator cuff repair, biceps tendon debridement, and open Mumford on 1/9/14. The 4/17/14 treating physician report cited grade 6/10 neck pain radiating to the left shoulder, and grade 6/10 left shoulder pain with popping/clicking. Shoulder pain was increased with lifting and reaching. Physical exam was reported unchanged from the last visit. The diagnosis was cervical sprain/strain and status post left shoulder arthroscopy. Physical therapy 2x6 was recommended. The 5/29/14 utilization review denied the request for Norco as there was no significant improvement in pain symptoms, documented functional improvement, and no evidence of guideline recommended on-going review and documentation of pain relief, functional status, appropriate medication use and side effects. The request for Naproxen was denied as there was no indication of the duration of use and no documentation of any derived benefit from prior use. The request for Cyclo-Keto-Lido cream was denied based on no documentation of failure of first line therapy. Records do not provide documentation of opioid medication management consistent with guidelines. There is no documentation of subjective or functional benefit with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 70, 71, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. Guideline criteria have not been met. There is no documentation relative to the length of use of this medication or what, if any, subjective or functional benefit has been achieved. Therefore, this request is not medically necessary.

Cyclo-Keto-Lido 240gm, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. Guidelines state there is no evidence for use of a muscle relaxant, such as cyclobenzaprine, as a topical product. Ketoprofen is not currently FDA approved for a topical application. Guidelines state that no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) is indicated for neuropathic pain and Lidocaine is not recommended for non-neuropathic pain. Given the absence of guideline support for the individual compounds, this request is not medically necessary.

Norco 10/325mg #60, 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80, 91.

Decision rationale: MTUS Guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for on-going use

of Norco. There is no documentation of reduced pain, increased function, or improved quality of life relative to medication use in the progress reports since 10/22/13. There is no evidence in the file of overall improvement in function. Therefore, this request is not medically necessary.