

Case Number:	CM14-0013096		
Date Assigned:	02/24/2014	Date of Injury:	07/03/2013
Decision Date:	01/05/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/01/2014

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 Family 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 62-year-old male who experienced an industrial injury 07/03/13 when he fell onto concrete on the left arm from a height of four feet. He experienced immediate pain in the left shoulder and wrist. Per physician report dated 10/30/14, he complained of 7/10 left shoulder pain, spasm of the left cervical trapezius and deltoid musculature, left wrist pain, 5/10 scale. He reported that Tramadol ER at 300 mg/day has facilitated elimination of the IR (immediate release) opioid narcotic analgesic Schedule 3 drug. Injured worker reported side effects such as lethargy and cognitive effects with opioid, not noted with Tramadol ER. Injured worker also reports to have reduction in pain up to 6 points on scale of 10 with Tramadol ER at 300 mg/day. He provided examples indicating objective improvement such as greater range of motion and tolerance to activity and exercise and adherence to exercise regime. He recalled refractory nature of spasm to stretching, heat, cold, activity modification, physical therapy, home exercise prior to Cyclobenzaprine at current dosing. Cyclobenzaprine 7.5 at TID dosing facilitates significant decrease in spasm for average of five hours, with improved range of motion and tolerance to exercise and decrease in overall pain level. Cyclobenzaprine at current dosing does decrease pain level additional 3 points average on a scale of 10. Objective findings included left shoulder tenderness anterior aspect at A.C.; flexion 110 degrees, abduction 100 degrees, external and internal rotation at 60 degrees, Abduction and extension 35 degrees, positive subacromial bursitis and impingement signs, positive O'Brien's test. Left wrist/hand examination demonstrates wrist extension 30 degrees, flexion 40 degrees, radial deviation 10 degrees, ulnar deviation 20 degrees grip 4/5 grip strength, mild swelling left wrist and hand. Spasm noted of the left deltoid musculature and cervical trapezius. CT scan of the left shoulder performed 01/21/14 showed no fractures or dislocations, but did reveal degenerative changes at the AC joint and probable impingement on the rotator cuff. Left wrist CT scan did indicate a

fracture of the distal radius. Diagnoses were left shoulder adhesive capsulitis, left shoulder subacromial bursitis, left shoulder subacromial impingement, left shoulder symptomatic acromioclavicular joint osteoarthropathy, and left wrist osteoarthropathy with scaphoid lunate separation. Recommended treatment included Tramadol ER (Extended-Release) 150 mg two tablets every day; Naproxen Sodium 550 mg, one tablet two times per day; Pantoprazole 20 mg, one tablet three times per day; Cyclobenzaprine 7.5 mg one tablet three times per day as needed for spasm; med panel/blood draw to assess CBC, kidney and liver function; Norco 5/325 mg to be used three times per day for the left shoulder pain; and Methoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm gel 4 oz. #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Methoderm Gel, (per ODG website).

Decision rationale: Topical Analgesics largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The request is not reasonable as there is no documentation that there has been failure of first line therapy. Therefore, the requested medication is not medically necessary.

Hydrocodone /APAP 5/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77, 88.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 81, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 51, 75, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Hydrocodone/APAP (ODG website).

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical

records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the requested medication is not medically necessary and appropriate.

Med panel to evaluate hepatic and renal function: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chapter 6, History And Physical Examination.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 59, Chronic Pain Treatment Guidelines Shoulder Complaints Page(s): 207-209.

Decision rationale: Since the patient is currently taking opioids and NSAID, and has been for some time, monitoring renal and liver function is an appropriate treatment protocol. Therefore, the request for one medication panel to include kidney and liver function test is medically necessary and appropriate.