

Case Number:	CM15-0112258		
Date Assigned:	06/18/2015	Date of Injury:	09/12/2013
Decision Date:	07/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 50-year-old male, who sustained an industrial injury on 09/12/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervicothoracic sprain/strain, thoracic sprain/strain, and shoulder impingement. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right shoulder, x-ray of the thoracic spine, magnetic resonance imaging of the right knee, status post arthroscopic rotator cuff repair with acromioplasty, Mumford procedure, and debridement on 3/31/15 and use of a continuous passive motion unit. In a progress note dated 04/24/2015 the treating physician reports complaints of constant pain to the anterior deltoid of the right shoulder with radiation to the right clavicle. The injured worker's current pain level is a 3 to 9 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the injured worker is only able to perform light activities and has difficulty with walking long distances, climbing stairs, reaching over his head, using his hands, performing repetitive motions with the use of his hands, sleep disturbances, difficulty with traveling and participating in social activities, and difficulty with concentration. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medications Norco 10 with a quantity of 60 with 1refill noting current use of this medication, along with Flurbiprofen cream, and Ranitidine with a quantity of 60 with the treating physician citing American College of Occupational and Environmental Medicine Guidelines. Patient sustained the injury due to cumulative trauma. The medication list include Norco, Ranitidine, Ativan, Ambien, and Flubiprofen cream. Patient had received subacromial

cortisone injection for this injury. The patient has used a right shoulder brace for this injury. The patient has had history of moderate anxiety and depression. The patient has had urine drug screen on 1/30/15 that was positive for hydrocodone. Per the note dated 3/26/15 patient denies abdominal pain, nausea and vomiting. A recent detailed examination of the gastrointestinal tract was not specified in the records provided

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream: 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 Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Flurbiprofen cream. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not recommended by MTUS. The medical necessity of the medication Flurbiprofen cream is not medically necessary in this patient.

Norco 10, quantity: 60 with 1refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Hydrocodone/Acetaminophen Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80.

Decision rationale: Norco 10, quantity: 60 with 1refill. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The

records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications , without the use of norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10, quantity: 60 with 1 refill is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Ranitidine, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2010, Chronic pain treatment guidelines NSAIDs (non-steroidal anti-inflammatory drugs) page 68. NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Thomson Micromedex Ranitidine(zantac) Hydrochloride-FDA-Labeled Indications.

Decision rationale: Ranitidine, quantity: 60Per the CA MTUS NSAIDs guidelines cited below, Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Any recent detailed clinical evaluation note is not specified in the records provided. A history of GI symptoms or any evidence of high risk for GI events are not specified in the records provided. According to the Thomson Micromedex, FDA labeled indications for zantac / rantidine are Duodenal ulcer disease, Duodenal ulcer disease, Maintenance, Erosive esophagitis, Gastric hypersecretion, Gastric ulcer, Gastric ulcer, Maintenance, Gastroesophageal reflux disease, Helicobacter pylori gastrointestinal tract infection, Indigestion, Non-ulcer, Zollinger-Ellison syndrome. Any of the above listed indications in this patient, are not specified in the records provided. Per the note dated 3/26/15 patient denies abdominal pain, nausea and vomiting. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The medical necessity of Ranitidine, quantity: 60 is not medically necessary for this patient, given the records provided.