

Case Number:	CM15-0124237		
Date Assigned:	07/08/2015	Date of Injury:	09/12/2013
Decision Date:	08/05/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 /work injury on 9/12/13. He reported an initial complaint of neck and shoulder pain. The injured worker was diagnosed as having cervical spine sprain and strain with multilevel disc protrusion, right shoulder rotator cuff tear s/p arthroscopic surgery, right thoracic spine strain, left shoulder sprain/strain, and right knee internal derangement. Treatment to date includes medication, surgery (arthroscopic repair of rotator cuff tear of right shoulder, arthroscopic acromioplasty, resection of the coracoacromial ligament and subacromial bursa of the right shoulder, arthroscopic debridement of partial tear of biceps tendon and anterior superior labrum of the right shoulder, and arthroscopic resection of distal clavicle of the right shoulder on 3/31/15), and diagnostics. MRI results were reported on 5/9/14. Currently, the injured worker complained of cervical spine pain rated 3/10. There was decreased pain and mobility in the right shoulder, post-surgery. Pain was rated 4/10. The left shoulder was rated 3/10 that increased with use. Kneeling and squatting was difficult. Per the primary physician's report (PR-2) on 5/29/15, exam noted difficulty with rising from chair, guarding of the upper extremities, stiff movements, tenderness of the bilateral shoulder acromioclavicular joint, bicep tendon groove, and superior deltoid. Drop arm test and Neer's test were positive, shoulder decreased range of motion, and 5-/5 on motor testing. The requested treatments include Ranitidine 150mg, Flurbiprofen cream, and Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for neck, bilateral shoulder, and right knee pain. The claimant recently underwent an arthroscopic right rotator cuff repair in March 2015. Medications are referenced as helpful with Norco helping the claimant perform activities of daily living. When seen, pain was rated at 3-4/10. Physical examination findings included moving stiffly. He had difficulty transitioning from a seated position. There was guarding of the right upper extremity. Norco, flurbiprofen cream, and Ranitidine were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Ranitidine was not medically necessary.

Flurbiprofen cream #1 with 1 refill: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for neck, bilateral shoulder, and right knee pain. The claimant recently underwent an arthroscopic right rotator cuff repair in March 2015. Medications are referenced as helpful with Norco helping the claimant perform activities of daily living. When seen, pain was rated at 3-4/10. Physical examination findings included moving stiffly. He had difficulty transitioning from a seated position. There was guarding of the right upper extremity. Norco, flurbiprofen cream, and Ranitidine were prescribed. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and this medication was not medically necessary.

Norco 10/325mg #60 with 0 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in September 2013 and continues to be treated for neck, bilateral shoulder, and right knee pain. The claimant recently underwent an arthroscopic right rotator cuff repair in March 2015. Medications are referenced as helpful with Norco helping the claimant perform activities of daily living. When seen, pain was rated at 3-4/10. Physical examination findings included moving stiffly. He had difficulty transitioning from a seated position. There was guarding of the right upper extremity. Norco, flurbiprofen cream, and Ranitidine were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management and the claimant had recently undergone arthroscopic right shoulder surgery. There were no identified issues of abuse or addiction and medications are reported to be facilitating activities of daily living. The total MED was less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.