

Case Number:	CM15-0127935		
Date Assigned:	07/14/2015	Date of Injury:	06/25/2013
Decision Date:	08/13/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This 58-year-old male sustained an industrial injury on 6/25/13. He subsequently reported left shoulder pain. Diagnoses include pain in joint and chronic pain syndrome. Treatments to date include MRI testing, acupuncture, physical therapy, left shoulder arthroscopic decompression, cognitive behavioral therapy and prescription pain medications. The injured worker continues to experience pain that radiates to the left shoulder, neck and left hand at 6/10 on 5/27/15. Upon examination, there was lumbar spinous process tenderness at L3-5. Tenderness to palpation was noted at the coracoid process and greater tubercle of the humerus and right acromioclavicular joint. Left shoulder range of motion is reduced. Hawkin's, Neer's and shoulder crossover testing are positive. The treating physician made a request for Lidopro, Norco and Naproxen medications. The patient sustained the injury due to a trip and fall incident. Patient has received an unspecified number of CBT visits for this injury. The medication list includes Norco, Omeprazole, Senna, Naproxen and Lexapro and Lidoderm patch. Per the note, dated 6/26/15 patient had complaints of left shoulder pain. Physical examination of the left shoulder revealed limited range of motion and muscle atrophy. The patient's surgical history includes ORIF of right forearm, knee and left shoulder surgery. A recent detailed urine drug screen report 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:

Lidopro 4.5% ointment #1, dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Request Lidopro 4.5% ointment #1, dispensed. Lidopro ointment contains capsaicin, lidocaine, menthol, and methyl salicylate. 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". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Topical salicylate like methyl salicylate is recommended. However, there is no high-grade scientific evidence for its use as a compounded medication with other topical analgesics. There is no high-grade scientific evidence to support the use of menthol for relief of pain. There was no evidence in the records if the pain is neuropathic in nature. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response of oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence that menthol is recommended by the CA, MTUS, and chronic pain treatment guidelines. The medical necessity of the request for Lidopro 4.5% ointment #1, dispensed is not medically necessary in this patient.

Norco 10-325 tablet #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10-325 tablet #120 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 non-opioid 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 regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids, and other non opioid medications (anti-depressants/ anticonvulsants for chronic pain), without the daily 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 10-325 tablet #120 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.

Naproxen 550mg #60, dispensed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22.

Decision rationale: Naproxen 550mg #60, dispensed Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. Diagnoses include pain in joint and chronic pain syndrome. The injured worker continues to experience pain that radiates to the left shoulder, neck and left hand at 6/10 on 5/27/15. Upon examination, there was lumbar spinous process tenderness at L3-5. Tenderness to palpation was noted at the coracoid process and greater tubercle of the humerus and right acromioclavicular joint. Left shoulder range of motion is reduced. Hawkins', Neer's and shoulder crossover testing are positive. Per the note, dated 6/26/15 patient had complaints of left shoulder pain. Physical examination of the left shoulder revealed limited range of motion and muscle atrophy. The patient's surgical history includes ORIF of right forearm, knee and left shoulder surgery. NSAIDS like naproxen are first line treatments to reduce pain. Naproxen 550mg #60, dispensed use is deemed medically necessary in this patient.