

Case Number:	CM15-0128679		
Date Assigned:	07/15/2015	Date of Injury:	10/11/2012
Decision Date:	08/10/2015	UR Denial Date:	06/24/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 sustained an industrial injury on 10/11/12. Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder acromioclavicular joint arthrosis; right shoulder partial thickness rotator cuff tear; right shoulder mild residual impingement. Treatment to date has included physical therapy; status post right shoulder arthroscopy debridement, subacromial decompression and distal clavicle resection (6/4/15); medications. Currently, the PR-2 notes dated 6/10/15 indicated the injured worker complains of activity dependent moderate achy, stabbing left shoulder pain radiating to the elbow and manageable right shoulder pain post operatively. The injured worker is a status post right shoulder arthroscopy debridement, subacromial decompression and distal clavicle resection on 6/4/15. Objective findings are documented as right shoulder with healed surgical scars, no erythema or drainage and able to do Codman's. The left shoulder has flexion 170 degrees, abduction 170 degrees, external rotation 80 degrees, and internal rotation 70 degrees. He has a positive Speed's and positive impingement bilaterally. There is pain and weakness on resisted external rotation with the arms at the side. His sensory and motor exam is intact. The provider references MRI's of the right and left shoulders. He notes the left shoulder MR arthrogram notes residual acromial anterolateral spur, bursitis, AC arthrosis. He does not note the date of this study. The provider is requesting authorization of refill Mentherm ointment and continue pain medications Norco for post-operative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Mentherm Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Refill Mentherm Ointment is not medically necessary and appropriate.

Continue pain meds Norco for post operative use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute postop pain, but remains functioning with adequate pain control. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have functional benefit from the short-term course of Norco s/p shoulder arthroscopy with SAD and distal clavicle resection on 6/4/15; however, the Norco has unspecified dosing and quantity. The Continue pain meds Norco for post operative use is not medically necessary and appropriate.