

<b>Case Number:</b>	CM15-0179578		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 66 year old male, who sustained an industrial-work injury on 4-30-12. He reported initial complaints of right shoulder pain. The injured worker was diagnosed as having right rotator cuff tear, right shoulder impingement syndrome, partial or complete right biceps tear, right moderate acromioclavicular joint arthritis, and status post right shoulder surgery. Treatment to date has included medication and shoulder surgery on 12-2012. Currently, the injured worker complains of chronic right shoulder pain but improved after surgery but there is a click and pain is rated 6-7 out of 10 without medication and 2 out of 10 with medication. Medication helps control pain and helps perform his daily activities. Per the primary physician's progress report (PR-2) on 7-15-15, exam of the right shoulder reveals painful range of motion, forward flexion at 110 degrees, abduction to 70 degrees, healed scar, motor weakness at 4 out of 5 on the right. Current plan of care includes medication, home exercise program, add Prilosec for GI upset related to NSAID (non-steroid anti-inflammatory) use, and injection to right shoulder. The Request for Authorization date was 9-1-15 and requested service to include Genocin 500mg #90, Celebrex 200mg #60, and Capsaicin cream x 1. The Utilization Review on 9-8-15 denied the request due to guidelines not recommending glucosamine (Genocin) for shoulder disorders, use of Celebrex is not allowed since first line NSAIDS was not attempted, and topical creams are considered largely experimental and may cause adverse consequences.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Genocin 500mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Glucosamine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Glucosamine (and Chondroitin Sulfate).

**Decision rationale:** Based on the 07/15/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder surgery on December 2012. The request is for GENOCIN 500MG #90. RFA's dated 04/02/15 and 09/01/15 provided. Patient's diagnosis on 07/15/15 includes right shoulder impingement syndrome, right moderate acromioclavicular joint arthritis, history of rotator cuff tear on right, and history of partial or complete biceps tear on right. Physical examination of the right shoulder on 07/15/15 revealed healed scar and painful range of motion. Treatment to date has included surgery, home exercise program and medications. Patient's medications include Prilosec, Celebrex, Genocin and topical creams. The patient "continues on modified duty," per 07/15/15 report. MTUS, Chronic Pain Medical Treatment Guidelines, Glucosamine (and Chondroitin Sulfate) Section page 50 states: "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." Genocin is included in patient's medications per progress reports dated 03/25/15, 05/20/15/, and 07/15/15. It is not known when this medication was initiated. Per 07/15/15 report, treater states the patient "has chronic pain in the shoulder and needs anti- inflammatory Celebrex and Genocin which help with joint pain. Activities increase with anti- inflammatories." The patient has a diagnosis of right moderate acromioclavicular joint arthritis. MTUS supports the use of Glucosamine in patients with moderate arthritis pain. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Celebrex 200mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Based on the 07/15/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder surgery on December 2012. The request is for CELEBREX 200MG #60. RFA's dated 04/02/15 and 09/01/15 provided. Patient's diagnosis on 07/15/15 includes right shoulder impingement

syndrome, right moderate acromioclavicular joint arthritis, history of rotator cuff tear on right, and history of partial or complete biceps tear on right. Physical examination of the right shoulder on 07/15/15 revealed healed scar and painful range of motion. Treatment to date has include surgery, home exercise program and medications. Patient's medications include Prilosec, Celebrex, Genocin and topical creams. The patient "continues on modified duty," per 07/15/15 report. MTUS, Anti-inflammatory medications Section, page 22, states the following: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." Celebrex is included in patient's medications per progress reports dated 03/25/15, 05/20/15/, and 07/15/15. It is not known when this medication was initiated. Per 07/15/15 report, treater states the patient "has chronic pain in the shoulder and needs anti-inflammatory Celebrex and Genocin which help with joint pain. Activities increase with anti-inflammatories... Cannot take Naprosyn, reports stomach. Will continue Celebrex..." MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications. In this case, treater has documented failure of Naprosyn and medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

#### **Capsaicin cream x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Salicylate Topicals: Topical OTC pain relievers.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

**Decision rationale:** Based on the 07/15/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder surgery on December 2012. The request is for CAPSAICIN CREAM X 1. RFA's dated 04/02/15 and 09/01/15 provided. Patient's diagnosis on 07/15/15 includes right shoulder impingement syndrome, right moderate acromioclavicular joint arthritis, history of rotator cuff tear on right, and history of partial or complete biceps tear on right. Physical examination of the right shoulder on 07/15/15 revealed healed scar and painful range of motion. Treatment to date has included surgery, home exercise program and medications. Patient's medications include Prilosec, Celebrex, Genocin and topical creams. The patient "continues on modified duty," per 07/15/15 report. MTUS, Topical Analgesics section, page 111 has the following: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels- are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Under Capsaicin has the following: "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Capsaicin is allowed for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. MTUS Page 111, under topical analgesics (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS, pg 29, Capsaicin topical states: "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific

back pain,... Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." Capsaicin topical is included in patient's medications, per 07/15/15 report. Terocin cream has been dispensed in prior reports. In this case, the requested compound topical cream contains capsaicin with no indication of the percentage in the formulation. MTUS does not support formulation of capsaicin exceeding 0.025%. Other ingredients in this compound formulation have not been discussed, either. Treater has not provided reason for the request, nor indicated where this topical analgesic is applied and with what efficacy. MTUS page 60-61 states: "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. A record of pain and function with the medication should be recorded." Given lack of documentation, this request is not medically necessary.