

Case Number:	CM15-0072769		
Date Assigned:	04/23/2015	Date of Injury:	10/22/2010
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/16/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old female sustained an industrial injury to the right shoulder and bilateral upper extremities on 10/22/10. The injured worker underwent right shoulder arthroscopy with decompression and partial excision of the distal clavicle on 8/25/14. In a PR-2 dated 2/20/15, the injured worker complained of pain to the right shoulder and bilateral elbows and wrists rated 5-8/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the right shoulder, bilateral elbows and bilateral wrists with restricted range of motion. Current diagnoses included right shoulder rotator cuff tear exacerbation, status post right shoulder decompression, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome and bilateral chronic overuse syndrome. The injured worker received an injection into the shoulder during the office visit. The treatment plan included physical therapy twice a week for six weeks and medications (Anaprox, Tramadol and Terocin patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 10/22/10. The medical records provided indicate the diagnosis of right shoulder rotator cuff tear exacerbation, status post right shoulder decompression, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome and bilateral chronic overuse syndrome. Treatments have included. The medical records provided for review do not indicate a medical necessity for Terocin patch #30. Terocin is a topical Analgesic containing Methyl Salicylate 25%; Capsaicin 0.025%; Menthol 10%; and Lidocaine 2.50%. The MTUS recommends against the use of any topical analgesic containing a non-recommended agent. Therefore, this agent is not recommended due to the presence of menthol; and Lidocaine in a formulation like this.

Anaprox DS 550mg #60: Upheld

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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The injured worker sustained a work related injury on 10/22/10. The medical records provided indicate the diagnosis of right shoulder rotator cuff tear exacerbation, status post right shoulder decompression, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome and bilateral chronic overuse syndrome. Treatments have included. The medical records provided for review do not indicate a medical necessity for Anaprox DS 550mg #60. Anaprox contains the NSAID Naproxen. The MTUS recommends the use of the lowest dose for the shortest period in patients with moderate to severe pain. It is not clear for how long the injured worker has been using this medication, but the records indicate it has been ineffective.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 10/22/10. The medical records provided indicate the diagnosis of right shoulder rotator cuff tear exacerbation, status post right shoulder decompression, bilateral elbow lateral epicondylitis, bilateral carpal tunnel syndrome and bilateral chronic overuse syndrome. Treatments have included. The medical records provided for review do not indicate a medical necessity for Tramadol 50mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of

moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. It is not clear from the records how long the injured worker has been using opioids, but the records indicate it predates 1/2015. There has been no overall improvement in pain and function. The injured worker is not being properly monitored for pain control, adverse effects and activities of daily living.