

Case Number:	CM14-0146279		
Date Assigned:	09/12/2014	Date of Injury:	01/25/2012
Decision Date:	10/22/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39 year old male who was injured on 01/25/12 while trying to lift a ladder to change it to different position. The metal ladder measured 24 feet and was metal. He was lifting it laterally when it fell over his right shoulder. The injured worker fell on the dirt over his right knee, and the ladder fell to the side. Current diagnosis is right shoulder/arm tendinopathy of subscapularis and biceps. Clinical note dated 05/21/14 indicated the injured worker continue to have shoulder pain, with pain level rated as 5/10. The injured worker indicated the pain medications are helpful to control pain 30-40%. His numbness/tingling in the upper extremities are well controlled with topiramate, and TENS are helpful for functional improvement. A clinical note dated 06/24/14 indicated the injured worker underwent right shoulder arthroscopy with extensive debridement of glenohumeral joint, acromioplasty, and distal clavicle excision. A clinical note dated 07/07/14 indicated the injured worker presents for post-op follow up. He is on Percocet with relief of symptoms. Right shoulder examination revealed tenderness at the surgical site, with swelling and minimal ecchymosis present. Shoulder testing and range of motion testing were not done because of recent surgery. The incision site is healed with no sign of infection. Clinical note dated 07/16/14 indicated the injured worker presents with constant pain and increased pain at night. No ROM examination was done. A clinical note dated 08/15/14 indicated the injured worker complains of right shoulder pain, described as constant and has increased since last visit. Pain level is rated as 8/10 with medication. The injured worker is on Percocet for pain relief. Examination of the right shoulder revealed tenderness at the surgical site. Shoulder stress testing is not done because of the level of pain. Range of motion testing is not performed due to pain. The injured worker is afraid to do any movement. Plan of management include physical therapy for 6 weeks. Medications include Voltaren 100mg tab, Norco 10/325mg and Terocin lotion. The previous requests for 2

prescriptions of Voltaren ER 100mg #60, 2 prescriptions of Terocin lotion 120ml, and 2 prescriptions of Norco 10/325mg #60 were noncertified on 09/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 prescriptions of Voltaren ER 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs are routinely associated with GERD and symptoms associated with gastritis frequently resulting in the need to obtain H-2 blocker treatment for gastritis prophylaxis. As such, the request cannot be recommended as medically necessary.

2 prescriptions of Terocin lotion 120ml: 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.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, the California MTUS requires that all components of a compounded topical medication be approved for transdermal use. Terocin is a compound medication that contains capsaicin, lidocaine, menthol and methyl salicylate which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, the request cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

2 prescriptions of Norco 10/325mg #60 between 8/15/2014 and 8/15/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medication, Norco 10/325mg. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Clinical documentation indicated patient's pain level of 8/10 with medication. As such, the request cannot be recommended as medically necessary.