

<b>Case Number:</b>	CM13-0017113		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	09/23/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

There were 15 pages for review. The request for independent medical review was signed on August 20, 2013. Per the records provided, the claimant is a 49-year-old female injured on September 23, 2010. Per the May 4, 2012 progress report, there were complaints of neck and low back pain radiating into the lower extremities along the shoulder and arm pain. There was spasm, tenderness and guarding of the cervical and lumbar spine, with decreased range of motion. Several medicines were requested. There was also a request of x-rays of the right shoulder and the right foot. The medicines requested were hydrocodone APAP, Diclofenac, Pantoprazole, and Cyclobenzaprine. There was no documentation of maintained increase in function, or decrease in pain with the hydrocodone APAP therefore it was not medically certified. In regards to the Diclofenac, there was no mention as to why over-the-counter nonsteroidal anti-inflammatory medicines would not be sufficient. There was also no increased risk for gastrointestinal upset. There were no abnormal physical findings of the right shoulder to support the need for x-rays. Further the Cyclobenzaprine would be for short course use only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAYS OF RIGHT SHOULDER AND RIGHT HUMERUS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under oral Diclofenac

**Decision rationale:** The ACOEM Guidelines note that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. Also, they cite that for patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis and assist reconditioning. Table 9-6, page 214, gives no recommended uses for shoulder x-rays. It is optional for acute AC joint separation with stress views or overt signs of fracture, stress views. This patient has none of these conditions, and it is not clear what would drive the need for plain shoulder x-rays. The request is not medically necessary and appropriate.

**HYDROCODONE/APAP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** In regards to long term use of opioids, the MTUS Chronic Pain Guidelines poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request is not medically necessary and appropriate.

**DICLOFENAC SODIUM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness

for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. Also, regarding Diclofenac, the ODG notes, it is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request is not medically necessary and appropriate.

**PANTOPRAZOLE SOD DR:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary and appropriate based on the MTUS Chronic Pain Guidelines.

**CYCLOBENZAPRINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**Decision rationale:** The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being

used with other agents, which also is not clinically supported in the MTUS Chronic Pain Guidelines.