MAXIMUS Federal Services

Case Number:	CM13-0024003		
Date Assigned:	11/20/2013	Date of Injury:	11/14/2012
Decision Date:	02/06/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is 54-year-old male who sustained a work-related right shoulder injury on 11/14/12. The patient's right shoulder MRI on 12/22/12 reveals questionable calcific tendinitis, anterior superior labral tear and degenerative changes of the AC joint. The patient was diagnosed with right shoulder sprain/strain by his orthopedist on 1/8/13 and treated with PT, oral medications and subacromial injection. PTP PR2 8/22/13 patient complains of intermittent right shoulder pain. Exam findings reveals calcification tendonitis of the right AC joint. He recommended PT 2x4 and meds consistent of Naproxen tab 550mg #100, Cyclobenzaprine Hydrochloride tab 7.5mg #120, Ondansetron ODT tab 4mg #30 x 2, Omeprazole DR cap 20mg #120, Medrox patch #30 and Tramadol 150 mg #90. AME report 9/11/13 recommends right shoulder surgery consisting of scope and distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The applicant does not appear to have tried and/or failed first line oral analgesics, which, per ACOEM in chapter 3, are a first line palliative method. There is, consequently, no support for usage of topical agents and/or topical compounds, which are per ACOEM table 3-1 "not recommended" and are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Therefore, the original utilization review decision is upheld. The MTUS Chronic Pain Medical Treatment Guidelines are applicable and the primary guideline selected here. However, MTUS 9792.22 suggests that the Chapters 1-3 are applicable to any date of injury as they address 'General Approaches' for treatment. The text of the MTUS regulations does not seemingly suggest that Chapters 1-3 of ACOEM, 2nd edition have been superseded by the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the Chapter 3 ACOEM topic on oral pharmaceuticals has been added to augment the MTUS Chronic Pain Medical Treatment Guidelines 'Topical Analgesics' topic. The request remains non-certified, on independent medical review.

Quazepam Tablets USP 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

Decision rationale: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005).