

Case Number:	CM13-0025954		
Date Assigned:	11/22/2013	Date of Injury:	09/18/2012
Decision Date:	03/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Surgery, 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 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 a 45-year-old male who reported an injury on 09/18/2012. The injury was noted to have occurred to his right shoulder when he grabbed a 50 pound box of paper off a pallet. His diagnoses include right shoulder internal derangement and right shoulder sprain/strain. His most recent office note dated 10/08/2013 indicates that the patient's symptoms include right shoulder pain and weakness. His most recent physical exam findings found in his 06/14/2013 office note indicated positive tenderness to palpation of the AC joint, a positive Apley's test, and 3+ tenderness to palpation of the anterior shoulder and lateral shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. The clinical information submitted for review indicates that the patient has been

participating in a home exercise program. There was no documentation indicating the need for a more formal physical therapy program at his most recent office visit. Additionally, there were no recent physical examination findings showing objective functional deficits which may benefit from formal physical therapy. In the absence of this documentation, the request is not supported. As such, the request is non-certified.

ESWT Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: According to ACOEM Guidelines some medium quality evidence supports the use of high energy extracorporeal shockwave therapy in the treatment of calcifying tendonitis of the shoulder. The clinical information submitted failed to provide evidence of calcifying tendonitis of the shoulder for this patient. Additionally, it was noted in his 10/08/2013 office visit that the patient had completed previous ESWT for the right shoulder with minimal benefit. In the absence of a diagnosis of calcifying tendonitis of the shoulder and as it is noted the patient received only minimal benefit from previous treatments, the request is not supported. As such, the request is non-certified.

Flexeril: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines Flexeril is only recommended for a short course of therapy in the treatment of chronic pain. The guidelines specify that the effect of cyclobenzaprine is greatest in the first 4 days of treatment, suggesting shorter courses of therapy are better. The clinical information submitted indicates that the patient has been utilizing Flexeril 7.5 mg twice a day for muscle spasm. However, there were no recent physical examination findings which revealed muscle spasm. Additionally, the request fails to specify the dose and frequency, as well as quantity being requested for this medication. As the evidence based guidelines do not recommend the use of Flexeril for more than a short course of therapy and details regarding the request were not provided, the request is not supported. As such, the request is non-certified.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to the California MTUS Guidelines, a proton pump inhibitor may be recommended for patients with documentation of dyspepsia related to NSAID use or patients taking NSAID medications who have been found to be at risk for gastrointestinal events. The clinical information submitted for review failed to provide evidence of use of an NSAID medication by the patient. Additionally, there was no documentation of reports of dyspepsia or gastrointestinal risk factors for this patient. In the absence of this documentation, the request is not supported. As such, the request is non-certified.

Creams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. The guidelines also specify that for compounded products, documentation should show the specific analgesic affect of each agent in the topical compound and how it will be useful for the specific therapeutic goal required. The request for creams failed to provide details regarding the specific agents included in the cream, how the cream will be used, and the therapeutic goals hoped to be achieved with use of this topical cream/creams. In the absence of more detailed documentation regarding the request, the request is not supported. As such, the request is non-certified.

Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation regarding the patient's pain relief, functional status, and specifically address the 4A's for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical information submitted for review indicates that the patient has used Vicodin as needed for pain. However, details regarding the patient's pain outcome with this medication, side effects of the medication, risk factors for aberrant drug taking behaviors, and

functional status with use of the medications were not provided for review. Additionally, the request fails to specify the dose, frequency, and quantity requested. In the absence of the detailed documentation required by the guidelines for the ongoing management of opioid medications and more details regarding the request, the request is not supported. As such, the request is non-certified.

Colace: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 77.

Decision rationale: According to the California MTUS Guidelines, the prophylactic treatment of constipation should be initiated with initiation of an opioid medication. Therefore, the use of Colace would be indicated if the patient was utilizing an opioid medication. However, as the request for Vicodin was non-certified at this time, the request for Colace is not supported. Additionally, the clinical information submitted failed to provide any evidence of constipation or effectiveness with the use of Colace. In the absence of this documentation and current use of an opioid medication, the request is not supported. As such, the request is non-certified.