

Case Number:	CM13-0026073		
Date Assigned:	06/06/2014	Date of Injury:	11/21/2012
Decision Date:	08/08/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/18/2013

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 Orthopedic Surgery 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:

The claimant is a 58-year-old with an industrial injury on November 21, 2012. Exam note from August 27, 2013 demonstrates complaint of persistent right shoulder, right knee, cervical and lumbar spine pain. Exam demonstrates right knee tenderness, decreased range of motion right shoulder, lumbar spine and cervical spine. Report of positive McMurray sign is noted in chart. Exam demonstrates right shoulder positive impingement sign. No demonstration in records of prior results in function while taking Zanaflex. No evidence in records of gastrointestinal issues in this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case there is no objective evidence in the exam note from August 27, 2013 supporting spasticity and

no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore, the request for Zanaflex 4 mg is not medically necessary or appropriate.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, recommendation for Prilosec is for patient's with risk factors for gastrointestinal events. The cited records from August 27, 2013 do not demonstrate that the patient is at risk for gastrointestinal events. Therefore, the request for Omeprazole 20 mg is not medically necessary or appropriate.

Shoulder surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Shoulder section, acromioplasty.

Decision rationale: According to the Shoulder Complaints Chapter of the ACOEM Practice Guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. The ODG shoulder section, acromioplasty surgery recommends three to six months of conservative care plus a painful arc of motion from 90-130 degrees which is not present in the submitted clinical information from August 27, 2013. In addition night pain and weak or absent abduction must be present. There must be tenderness over the rotator cuff or anterior acromial area and positive impingement signs with temporary relief from anesthetic injection. In this case the exam note from August 27, 2013 does not demonstrate evidence satisfying the above criteria. Therefore, the request for shoulder surgery is not medically necessary or appropriate.

Terocin ointment, quantity of two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Terocin ointment, quantity of two, is not medically necessary or appropriate.