

Case Number:	CM13-0032639		
Date Assigned:	12/11/2013	Date of Injury:	09/08/1998
Decision Date:	02/07/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 59 year old male presenting with neck pain, low back pain, and right shoulder pain following a work related injury on 09/06/2008. The claimant is status post rotator cuff and labrum repair. The claimant's medication included Omeprazole, Naproxen, Cyclobenzaprine, Synovacin, Ketoprofen, and Tramadol. The physical exam was significant for decreased range of motion, tenderness to the lumbar spine and bilateral paraspinal regions, straight leg raising test is positive bilaterally for radicular pain, decreased sensation in the bilateral L5 distribution. The claimant was diagnosed with exacerbation of right shoulder pain, with rotator cuff and slap lesion tear, myofascial strain of the lumbar spine. MRI of the lumbar spine was significant for multiple level disc degeneration, disc protrusion present at the L4-5 and L5-S1 levels, L4-5 paracentral and right foraminal disc protrusion with foraminal stenosis, right L5 nerve root impingement, and L5-S1 level left paracentral and foraminal disc protrusion. The medical records note that the claimant is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: 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 NSAID Page(s): 67.

Decision rationale: Omeprazole 20 mg is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but refers to it in the section on non-steroidal anti-inflammatory drug (NSAID) use on page 67. Long term use of PPI, or misoprostol, or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if possible GI effects of another line of agent should be used for example acetaminophen. Omeprazole is therefore, not medically necessary.

Naproxen 550mg: 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 NSAID, Page(s): 67.

Decision rationale: Naproxen 550mg is a nonsteroidal anti-inflammatory medication. Diclofenac Sodium 100mg # 30 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has trialed NSAIDs. If the claimant had previous long term treatment with Naproxen, the medication is therefore not medically necessary and to prevent cardiovascular risk and GI distress, it is appropriate to discontinue this medication.

Cyclobenzaprine 7.5mg: 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 Antispasmodics Page(s): 47.

Decision rationale: Cyclobenzaprine 7.5mg is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary

Synovacin capsule: 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 Glucosamine Page(s): 50.

Decision rationale: Synovacin capsule is glucosamine. CA MTUS states that glucosamine is "recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH)." In this case glucosamine is not medically necessary. The claimant was not diagnosed with osteoarthritis of the knee and the medication was not prescribed for that purpose as well.

Tramadol 325mg: 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 Tramadol Page(s): 79-83.

Decision rationale: Tramadol HCL325mg is not medically necessary. Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.

Ketoprofen 20% with 1% menthol cream 30gm: 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.

Decision rationale: Ketoprofen 20% with 1% menthol cream 30 grams is not medically necessary. Ketoprofen 20% is a topical NSAID. Ca MTUS guidelines indicate this medication

for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The provider recommended the compounded ointment for the claimant's shoulder and low back pain. Additionally, MTUS states "Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Therefore, the entire medication is not medically necessary.

MRI arthrogram, right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder pain, Diagnostic imaging.

Decision rationale: MRI, athrogram right shoulder is not medically necessary. The ODG states that "primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon); Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Specifically, "magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better. In this case MRA of the shoulder is not medically necessary as an MRI is more preferable and was already performed.