

Case Number:	CM13-0032662		
Date Assigned:	12/11/2013	Date of Injury:	09/22/2012
Decision Date:	02/10/2014	UR Denial Date:	09/06/2013
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 49-year-old female presenting with pain and numbness of the right shoulder, neck, and elbow following a work-related injury on September 22, 2012. The claimant reports pain primarily at the right shoulder, deep in the axilla, acromioclavicular joint, lateral acromion, and at the anterior and posterior glenohumeral joint. The pain is associated with cramping in the long ring and small fingers of the right hand with burning pain radiating upward to the shoulder and neck. The pain is characterized as burning with an electric sensation and sometimes a cutting, stabbing pain that prevents her from moving the arm. The claimant is status post right shoulder glenohumeral joint debridement, subacromial decompression with bursectomy and anterior acromionectomy, arthroscopic excision of lateral clavicle. MRI of the right shoulder was significant for acromioclavicular joint arthrosis with rotator cuff tendinitis and a down sloping acromion, as well as partial disruption of the biceps tendon. The physical exam was significant for moderate tenderness and severe spasms on palpation of the paracervicals and the greater occiput bilaterally, pain on the right between 90 and 130° , moderate to severe tenderness on palpation at the trapezius, rhomboids, clavicular joint, anterior, and posterior glenohumeral joint, exquisite tenderness on palpation at the biceps tendon and groove, resisted strength testing of the rotator cuff is 3 out of 5 on the right, positive impingement testing as well on the right, positive carpal canal compression on the right, positive Phalen's test at the right ring and small finger, and positive Finkelstein's on the right. The claimant has tried steroid injection and physical therapy. The claimant was diagnosed with a rotator cuff tear and impingement of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Ibuprofen is a nonsteroidal anti-inflammatory medication. 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 not document the length of time the claimant has trialed NSAIDs nor if the claimant had previous long term treatment with Ibuprofen. The medication is, therefore, not medically necessary and to prevent cardiovascular risk and GI distress, it is appropriate to discontinue this medication.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63-66.

Decision rationale: Tizanidine is not medically necessary. Per Ca MTUS page 65 "Tizanidine (Zanaflex®®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia (ICSI, 2007). The claimant does not carry the diagnoses as listed. Additionally, Muscle relaxants are not recommended for long term use. The medical records do not note the length of time this claimant has or is expected to take this medication.

Replace pads for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-116.

Decision rationale: CA MTUS states that TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described: Chronic intractable pain: Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A TENS unit is not medically necessary because there is lack of documentation that meets the criteria for TENS unit as listed in the Ca MTUS guidelines. Specifically, there was no order of a functional restoration program to be used in conjunction with the TENS and it is not clear if the Tens will be used as a one month trial before permanent use is ordered.