

Case Number:	CM13-0036823		
Date Assigned:	12/13/2013	Date of Injury:	03/01/2013
Decision Date:	02/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Practice, 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.

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 31-year-old male who reported an injury on 3/1/13. The injury occurred when the patient was installing a heavy door, the door shifted, and slammed on his left shoulder. The patient's symptoms include lower back pain with radiating pain to the left lower extremity, and left shoulder pain with clicks and pops. His objective findings include tenderness over the trapezial muscles, painful range of motion, and tenderness and spasm to the right subacromial region.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture 2-3 times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California Acupuncture Medical Treatment Guidelines, this treatment may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is also specified that the time to produce functional improvement with this treatment is 3-6 visits. Acupuncture treatments may be extended if functional improvement is documented following the initial 3-6 treatments. The patient was noted to have pain related to the left shoulder; however, there was no documentation of current functional

deficits. In the absence of functional deficits, acupuncture treatment is not indicated. Additionally, the request for treatment 2-3 times a week for six weeks exceeds guideline recommendations of 3-6 initial treatments. For these reasons, the request is non-certified.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: According to the patient's clinical information and request, he is currently using Tramadol; however, the dose and frequency of this medication was not provided. According to California MTUS Guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and the "4 A's" is required for patients taking opioid medications. The "4 A's" are analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The clinical information provided for review failed to provide the detailed documentation required by the guidelines for the ongoing use of opioid medications. Additionally, the request did not provide any details regarding the patient's use of the medication including the dose and frequency. In the absence of these details and the documentation for ongoing management, 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 Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to the California MTUS Guidelines, patients taking NSAID medications who have been determined to be at risk for gastrointestinal events should be prescribed a proton pump inhibitor such as Prilosec. The patient is noted to be taking naproxen which is an NSAID medication; however, the documentation fails to indicate whether the patient is at risk for a gastrointestinal (GI) event. Risk factors include being over the age of 65 with a history of peptic ulcer; GI bleeding; GI perforation; concurrently using aspirin, corticosteroids, or an anticoagulant; or using high dose or multiple NSAIDs. In the absence of details regarding the patient's risk for gastrointestinal events, the use of a proton pump inhibitor is not supported. AS such, the request is non-certified.

Medrox patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,111-113.

Decision rationale: Medrox patches include methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating their efficacy and safety. For compounded or combination products, any product that contains at least one drug or drug class that is not recommended is not recommended. Guidelines indicate that methyl salicylate topicals are supported, as they have been shown to be superior to placebo in the treatment of pain; however, capsaicin for topical use is noted to be recommended only for patients who have not responded or are otherwise intolerant to other treatments. Additionally, there have been no studies of a 0.0375% formulation of capsaicin, and there is no indication that this increase over a 0.025% formulation would provide any further efficacy. The documentation provided for review failed to include evidence of intolerance or non-response to treatments prior to the use of topical Medrox patches. Additionally, the 0.0375% formulation exceeds the recommendation by the guidelines. As such, the request is not supported and is non-certified.