

Case Number:	CM13-0040364		
Date Assigned:	12/20/2013	Date of Injury:	11/16/2011
Decision Date:	03/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in Spinal 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 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:

A 32 year old male with industrial injury 11/16/11. MRI right shoulder 2/12/13 demonstrates large full thickness tear of supraspinatus tendon with tendinosis of infraspinatus and subscapularis tendons. Tendinosis long head of biceps tendon. Exam note 2/1/13 demonstrates low back pain with radiation to right lower extremity. Positive impingement sign. Exam note 9/6/13 demonstrates mild reduced range of motion with tenderness over AC joints. Positive impingement signs bilaterally. Tenderness in paralumbar musculature. Normal neurologic examination with negative straight leg raises testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: According to the CA/MTUS regarding NSAIDs (Ibuprofen) specific recommendations are for "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to

moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term Clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008)" There is insufficient evidence to support functional improvement on Ibuprofen or osteoarthritis to warrant usage. Therefore the determination is non-certification.

Lisinopril 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM is silent on the issue of Lisinopril. Mosby's Drug Consult was utilized which is a peer reviewed source not part of the California Medical Treatment Utilization Schedule. Lisinopril is a group of drugs known as angiotensin converting enzyme (ACE) inhibitor. There is no evidence in the records of industrial related hypertension therefore the determination is for non-certification.

Hydrochlorothiazide 25mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM is silent on the issue of Hydrochlorothiazide. Mosby's Drug Consult was utilized which is a peer reviewed source not part of the California Medical Treatment Utilization Schedule. Hydrochlorothiazide is a diuretic utilized to treat hypertension. There is no evidence in the records of industrial related hypertension therefore the determination is for non-certification.

Simvastatin 40mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS/ACOEM is silent on the issue of Simvastatin. Mosby's Drug Consult was utilized which is a peer reviewed source not part of the California Medical Treatment Utilization Schedule. Simvastatin is a group of drugs known as HMG CoA reductase inhibitors to reduce cholesterol. There is no evidence in the records of industrial related hypercholesterolemia therefore the determination is for non-certification.

EMG Bilateral lower extremities #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303-304 regarding electrodiagnostic testing, it states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is no documentation nerve root dysfunction. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is non-certified.

NCV Bilatera Lower Extremities #1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Electromyography (EMG), pg. 178.

Decision rationale: The Physician Reviewer's decision rationale: Per the ACOEM Guidelines 2nd edition, page 178, Electromyography (EMG), and nerve conduction velocities NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients. As the EMG component of electrodiagnostic testing is not medically necessary, the NCV component is not medically necessary.