

Case Number:	CM13-0050887		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2005
Decision Date:	05/30/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/13/2013

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 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 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 44-year-old female presenting with chronic pain following a work-related injury on January 31, 2005. The claimant presented on October 11, 2013 with complaints of chronic right shoulder pain. The claimant has a history of right shoulder arthroscopy with decompression in 2005 and revision of the right shoulder arthroscopic decompression in 2006. The physical exam was significant for tenderness to palpation in the subacromial bursal space and shoulder musculature and right shoulder flexion and adduction to 175°. An MRI of the right shoulder on August 1, 2013 revealed rotator cuff tendinitis and evidence of prior acromioplasty and Mumford procedure. The claimant was diagnosed with right shoulder tendinitis, subacromial bursitis, impingement and rotator cuff strain. The claimant has tried multiple medications and twelve (12) sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF VOLTAREN GEL BETWEEN 10/2/2013 AND 12/1/2013:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

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

Decision rationale: The Chronic Pain Guidelines indicate that "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". The guidelines also indicate that topical analgesics, such as diclofenac, is indicated 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 non-steroidal anti-inflammatory drugs (NSAIDs) for the treatment of pain associated with the spine, hip or shoulder; therefore the compounded topical cream is not medically necessary.

ONE (1) PRESCRIPTION OF FLEXERIL BETWEEN 10/2/2013 AND 12/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (MAY 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-SPASMODICS Page(s): 64.

Decision rationale: The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. The Chronic Pain Guidelines indicate that cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first four (4) days of treatment, suggesting that shorter courses may be better. The guidelines also indicate that 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. Flexeril, is therefore, not medically necessary.

ONE (1) REFERRAL TO PAIN MANAGEMENT FOR MEDICATIONS BETWEEN 10/2/2013 AND 12/1/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation STATE OF COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT, 4/27/2007, PAGE 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN MANAGEMENT, PHYSICIAN REFERRAL.

Decision rationale: The Official Disability Guidelines indicate that a "referral may be appropriate if the practitioner is uncomfortable with the medical condition as outlined above, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." The guidelines also indicate that "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of

impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examiner for the patient; and (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. Therefore, the requested service is not medically necessary.