

Case Number:	CM13-0057647		
Date Assigned:	04/25/2014	Date of Injury:	07/24/2012
Decision Date:	08/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 44 year old male injured on 07/24/12 while removing large pool covers via crank and experienced immediate pain to his neck, left shoulder, left arm and back. Current diagnoses include cervical spine strain, left lateral epicondylitis, and left shoulder impingement syndrome. The clinical note dated 05/23/13 indicates a request for physical therapy 24 visits for neck, left shoulder, and left elbow was submitted. The clinical note dated 08/15/13 indicated the injured worker presented complaining of neck and left arm rated at 2-2 /10 controlled by pain medications. The injured worker is requesting therapy due to exacerbation of symptoms. Physical examination revealed restricted range of motion of the left shoulder with positive impingement sign, cervical paravertebral muscles tender to palpation with restricted range of motion, spasm present, and sensation and motor strength grossly intact. An additional request for acupuncture 3 x a week for weeks for the left arm, shoulder, back, and neck provided. The clinical note dated 10/17/13 indicated the injured worker presented reporting worsening of symptoms and complaints of left shoulder with difficulty reaching forward and backwards. Objective findings include left anterior shoulder tender to palpation, decreased range of motion, and an inability to reach backwards. Authorization for physical therapy 3 x a week for 4 weeks to the left shoulder and additional medications to include Medrox patch, Vicodin, Ketoprofen, Omeprazole, Tylenol with Codeine and Orphenadrine were requested. The initial request for physical therapy to the left shoulder 3 x a week for 4 weeks, Medrox pain relief ointment, Hydrocodone (Vicodin) APAP 5/500mg #60, Ketoprofen 75mg #30, Omeprazole DR 20mg #30, Orphenadrine ER 100mg #60, and Tylenol with Codeine 300/60mg #4 was initially non-certified on 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder, 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Physical Medicine Page(s): 98.

Decision rationale: Current guidelines recommend 10 visits over 8 weeks for the treatment of impingement syndrome and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. Clinical documents indicate the an initial request for 24 physical therapy sessions were requested in May of 2013 followed by a request for acupuncture. There is no indication if the physical therapy occurred and any functional improvement that occurred as a result. As such, there is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the physical therapy to the left shoulder, 3 times a week for 4 weeks cannot be established at this time.

Medrox pain relieved ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Salicylate topicals Page(s): 105.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Medrox is noted to contain Capsaicin, Menthol, and Methyl Salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Medrox pain relieved ointment cannot be recommended as medically necessary.

Hydrocodone (Vicodin) APAP 5/500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): page(s) 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Hydrocodone (Vicodin) APAP 5/500mg, #60 cannot be established at this time.

Ketoprofen 75mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): page(s) 70.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Ketoprofen 75mg, #30 cannot be established as medically necessary.

Omeprazole DR 20mg, #30: Overturned

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 Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose aspirin). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole DR 20mg, #30 is recommended as medically necessary.

Orphenadrine ER 100mg, #60: Upheld

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

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

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the physical examination failed to provide objective findings significant for spasm necessitating the use of muscle relaxants. As such, the medical necessity of Orphenadrine ER 100mg, #60 cannot be established at this time.

Tylenol with codeine 300/60mg, #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tylenol with Codeine 300/60mg, #4 cannot be established at this time.