

Case Number:	CM14-0002987		
Date Assigned:	09/05/2014	Date of Injury:	06/09/2012
Decision Date:	10/23/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 36 year old female with date of injury 6/9/2012. The mechanism of injury is stated as falling asleep on carpet. The patient has complained of left shoulder pain since the date of injury. She is status post left shoulder subacromial decompression with bursectomy in 2013. She has also been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the left shoulder, positive Hawkin's sign, positive Jobe's test, shoulder flexion and extension 4/5 on left. Diagnoses: rotator cuff syndrome left shoulder. Treatment plan and request, Diclofenac, Skelaxin, Thermacare patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac NA 50 mg tab, 1 tab q 8 po prn #90: 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: This 36 year old female has complained of left shoulder pain since date of injury 6/9/2012. She has been treated with surgery (left shoulder subacromial decompression

with bursectomy in 2013), physical therapy and medications to include NSAIDS since at least 08/2013. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not indicated as medically necessary in this patient.

Skelaxin 800 mg tab, 1 tab tid po #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 36 year old female has complained of left shoulder pain since date of injury 6/9/2012. She has been treated with surgery (left shoulder subacromial decompression with bursectomy in 2013), physical therapy and medications to include muscle relaxants for at least 4 weeks duration. Per the MTUS guideline cited above, muscle relaxant agents (Skelaxin) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Skelaxin is not indicated as medically necessary.

Thermacare neck patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 36 year old female has complained of left shoulder pain since date of injury 6/9/2012. She has been treated with surgery (left shoulder subacromial decompression with bursectomy in 2013), physical therapy and medications. The current request is for Thermacare patches. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Thermacare patches are not indicated as medically necessary.