

Case Number:	CM14-0003854		
Date Assigned:	02/03/2014	Date of Injury:	01/08/2007
Decision Date:	06/20/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/10/2014

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 Occupational Medicine 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 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 has submitted a claim for complete rupture of rotator cuff tear associated with an industrial injury date of January 8, 2007. Medical records from 2013 were review, the latest of which dated November 18, 2013 revealed that the patient is complaining of pain on the top part of his bilateral shoulders. On physical examination, there is tenderness at the trapezius and AC joint, right more that the left. Near normal range of motion of the shoulders. Strength is improving. There are positive Tinel's, Phalen's and Durke's tests on the left. Treatment to date has included cervical epidural steroid injection (November 2012), trigger point injections to mid and lower back muscles (July 2013), left transforaminal epidural steroid injection (March 2013), right shoulder surgery (8/22/13), physical therapy, home exercise program, and medications with include naproxen, Gabapentin, Norco, Robaxin, Neurontin, tramadol/baclofen rub, flurbiprofen/cyclobenzaprine/lidocaine rub, Butrans patch, Celebrex, Percocet, Soma, Flexeril, Lidoderm patch and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: As stated on page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. In addition, the Post-Surgical Treatment Guidelines recommends postsurgical physical therapy for 40 visits over 16 weeks within the treatment period of 6 months. In this case, patient underwent right shoulder rotator cuff tear repair on 8/22/13. The patient had postsurgical physical therapy; however, the total number of physical therapy sessions received is unknown due to lack of documentation. Furthermore, pain relief and functional improvements were not documented. Also, the extension of therapy will exceed the guideline recommendation treatment period of 6 months. Therefore, the request for physical therapy 2 times a week for 4 weeks to the shoulder is not medically necessary and appropriate

NAPROXEN 550MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs

Decision rationale: As stated on page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, Naproxen has been prescribed since March 19, 2013. In the recent clinical evaluation, the patient still complains of pain and there is still noted tenderness in shoulder area. The medical records submitted did not document pain relief or functional improvement with naproxen use. Also, naproxen is only recommended for short-term use. Therefore, the request for Naproxen 550mg, #90 is not medically necessary and appropriate.

GABAPENTIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs Page(s): 16-17.

Decision rationale: As stated on pages 16-17 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for

neuropathic pain. In this case, gabapentin was prescribed since December 12, 2012. In the recent clinical evaluation, the patient still complains of pain and there is still noted tenderness in the shoulder area. The medical records submitted did not document pain relief and functional improvement with Gabapentin use. Also, the quantity of medication to be dispensed was not included in the request. Therefore, the request for Gabapentin is not medically necessary and appropriate.