

Case Number:	CM14-0100902		
Date Assigned:	07/30/2014	Date of Injury:	06/27/2013
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 48 year-old female who was reportedly injured on 6/27/2013. The mechanism of injury is noted as a right shoulder injury while moving a bread tray down from a rack. The injured worker underwent right arthroscopic shoulder surgery on 5/9/2014. The most recent progress notes dated 5/19/2014 and 7/10/2014 indicate that there are ongoing complaints of right shoulder pain. Physical examination demonstrated tenderness to palpation over the bilateral shoulder joints; range motion of right shoulder decreased by 65% with flexion/abduction, 40% with IR and 60% with ER; positive right shoulder impingement sign; normal muscle tone without atrophy in the upper extremities. An old magnetic resonance image of the right shoulder dated 7/31/2013 demonstrated a high grade interstitial tear of the supraspinatus tendon with moderate tendinosis, mild biceps tendinosis, mild acromioclavicular joint arthrosis, and a subacromial/subdeltoid bursitis. Previous treatment includes arthroscopic shoulder surgery, cortisone injections, physical therapy and medications to include capsaicin 0.075% cream, diclofenac Sodium 1.5% cream, tramadol ER 150mg, Protonix 20 mg, Advil 200 mg, Norco 5/325 mg and BenGay cream. A request was made for capsaicin 0.075%, diclofenac sodium 1.5% 60 g cream, tramadol er 150mg #30 and prilosec 20mg #60 and the utilization review on 6/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112, 113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of capsaicin for individuals who are intolerant to other treatments for the management of osteoarthritis at doses of 0.025%, but it is considered experimental in very high doses. Review of the available medical records documents acromioclavicular joint osteoarthritis; however, the dose prescribed exceeds the guideline recommendations. As such, the request is not considered medically necessary.

Diclofenac NA 1.5% 60Grm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111, 112 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder pain. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The injured worker suffers from chronic shoulder pain status post right arthroscopic shoulder surgery. There is no indication for this medication and the request is not considered medically necessary.

Tramadol HCL ER 150mg capsules #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support long-acting tramadol in the management of chronic pain after there is been evidence of failure of a first-line option, and when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic shoulder pain; however, there is no documentation of improvement in pain and/or function with tramadol since it was first prescribed in September 2013. A progress note from May 2014 reports

that the patient does not feel tramadol is helping with her post-operative pain. As such, this request is not considered medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

Decision rationale: California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not considered medically necessary.