

Case Number:	CM14-0013456		
Date Assigned:	02/26/2014	Date of Injury:	01/25/2011
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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, 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 53-year-old male who sustained an injury on 01/25/11 while attempting to start a machine. The injured worker developed complaints of right shoulder pain. The injured worker is status post right shoulder arthroscopy with subacromial decompression, debridement, glenohumeral synovectomy and tenotomy performed on 02/13/13. The injured worker was referred for postoperative physical therapy. The injured worker then underwent an open reduction internal fixation with ligament reconstruction of the right acromioclavicular joint with excision and removal of clavicle exostosis as well as debridement on 05/23/13. Postoperative evaluations by [REDACTED] on 11/15/13 noted improving mobility in regards to the right shoulder. The injured worker was again recommended to attend physical therapy. The clinical report by [REDACTED] on 11/20/13 indicated the injured worker had a continuing complaint of neck pain radiating to the mid and upper back as well as low back pain radiating to the lower extremities with associated numbness and tingling. The injured worker continued to report right shoulder pain and weakness. The injured worker's physical examination noted tenderness to palpation in the cervical, thoracic and lumbar spine. The injured worker did ambulate with an antalgic gait. There was also tenderness to palpation over the right shoulder at the acromioclavicular joint with positive impingement signs. Hardware in the right shoulder was removed on 11/08/13. Medications did include the use of Norco, Flexeril and Omeprazole. No gastrointestinal issues were reported. Follow up on 12/09/13 indicated the injured worker did have control of pain with medications. Pain levels were between 6 and 7/10 on the Visual Analogue Scale (VAS). No side effects from medications were described. It is noted that the injured worker was requesting more and stronger medications, which was not recommended by [REDACTED]. Physical examination continued to note tenderness and spasms in the neck, mid back and low back. There was

continuing tenderness to palpation over the anterior right shoulder. The injured worker continued to see physical therapy through December 2013. Follow up on 01/07/14 noted continuing spasms and tenderness to palpation in the neck and low back. The injured worker was prescribed Cartivisc 500mg, Cyclobenzaprine 7.5mg, Omeprazole 20mg and Hydrocodone 10/325mg at this visit. The requested Cartivisc, Cyclobenzaprine, and Omeprazole were all denied by utilization review on 01/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 500 MG #90 (DATE OF SERVICE (01/07/2014): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Vitamins and Minerals, DWC 15th Annual Educational Conference Fee Schedule--Dietary Supplements. Journal of American Medical Association (JAMA) 2010;304 (1); 45-52

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: In regard to the request for Cartivisc 500mg quantity 90, this medication is a version of glucosamine oral supplement. Per guidelines, glucosamine can be considered an option in the treatment of osteoarthritis particularly in the knees, as there is evidence within the clinical literature regarding the efficacy of glucosamine in addressing joint space narrowing, pain, mobility and response to treatment. In this case, the injured worker has had a substantial amount of procedures completed to the right shoulder to include debridement as well as open reduction internal fixation most recently completed in 2013. Given the expected amount of posttraumatic osteoarthritis to develop from these types of procedures, this reviewer would have recommended certification for the requested Cartivisc to address joint pain in the right shoulder. In this case, it would have been reasonable to expect functional improvement with use of this medication. Therefore, this request is medically necessary.

CYCLOBENZAPRINE 7.5 MG #60 (DATE OF SERVICE 01/07/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regard to the use of Cyclobenzaprine 7.5mg quantity 60 prescribed 01/07/14, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there

had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the ongoing use of this medication is not medically necessary.

OMEPRAZOLE 20 MG #60 (DATE OF SERVICE 01/07/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,GI Symptoms & Cardiovascular Risk Page(s): 68.

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: In regards to the use of Omeprazole 20mg quantity 60, this medication is not medically necessary medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is not medically necessary.