

Case Number:	CM14-0017240		
Date Assigned:	06/11/2014	Date of Injury:	10/14/2013
Decision Date:	07/29/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pulmonary Diseases 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 injured worker is a 44-year-old male who reported an injury on 10/14/2013; the mechanism of injury occurred when he bumped a table. On 03/25/2014, the injured worker presented with left shoulder pain. Upon examination of the left shoulder, there was tenderness over the biceps and subacromial space. The range of motion values for the left shoulder were 100 degrees of forward flexion, 45 degrees of abduction, 70 degrees of external rotation and internal rotation to the thoracolumbar junction. There was a positive Hawkins and Neer's tests. Prior therapy included medications. The diagnoses were sprain of the rotator cuff, lesion of the ulnar nerve and cubital tunnel syndrome. The provider recommended an MRI of the left shoulder, a Flector patch, Zofran and Celebrex. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The California MTUS ACOEM Guidelines state that for injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly provided that red flag conditions are ruled out. The primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The included medical documentation lacked evidence that the injured worker had failed a 4 to 6 week period of conservative care, to include medications and physical therapy. The documentation does not include an indication of an emergence of a red flag. As such, the request is not medically necessary.

FLECTOR PATCH 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList, Flector Patch, Online Database, www.RxList.com/flector-patch-drug.htm.

Decision rationale: Scientific-based research indicates Flector patches for the topical treatment of acute pain due to minor strains, sprains and contusions. NSAIDs, including Diclofenac, which is found in the Flector patch, can cause serious gastrointestinal adverse effects including bleeding, ulceration and perforation of the stomach, small intestine or large intestine. The Flector patch should be used with extreme caution in those with a prior history of ulcer disease or gastrointestinal bleeding. It is recommended to use the lowest effective dose for the shortest possible duration. The provider's rationale for the request of a Flector patch in place of an oral NSAID medication was not provided. Additionally, the provider's request does not indicate the dose or the frequency of the Flector patch or the site that it is indicated for. As such, the request is not medically necessary.

ZOFRAN 4MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antiemetics.

Decision rationale: The Official Disability Guidelines do not recommend Zofran for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common for use with opioids. The side effects tend to diminish over days to weeks of continued exposure. Studies of opioids' adverse effects, including nausea and vomiting, are limited to short-term duration with limited application to long-term use. If nausea and vomiting remain prolonged, other etiologies of these symptoms should be evaluated for. As the guidelines do not recommend Zofran for nausea and vomiting secondary to opioid use, the medication would not be indicated. Additionally, the

provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.

CELEBREX 200MG #30 WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page(s) 70 Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis, including the knee and hip, and injured workers with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain; and, in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. For injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic pain relief. The injured worker has been prescribed Celebrex since at least 01/2014; the efficacy of the medication was not provided. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.