

Case Number:	CM14-0121821		
Date Assigned:	08/06/2014	Date of Injury:	09/04/1997
Decision Date:	09/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma 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 75 year old female who reported injury on 09/04/1997. The mechanism of injury was noted to be cumulative trauma. The injured worker's medication history included Naproxen Sodium, Tizanidine, Tramadol and Zolpidem since at least 2012. The diagnosis included displacement of cervical intervertebral disc without myelopathy, bilateral carpal tunnel syndrome, lumbar strain and right shoulder impingement syndrome with compensatory acromioclavicular joint pain. The prior treatments included rest, medications, 20 physical therapy visits and multiple subacromial injections. The surgical history included an arthroscopy of the left shoulder. The documentation of 06/04/2014 revealed the injured worker had complaints of persistent aching right shoulder pain that was waking her up at night. The injured worker's medications included Zolpidem 10 mg at bedtime, naproxen sodium for anti-inflammatory effect, Tizanidine for a muscle relaxant, Cartivisc for joint nutrition and tramadol for pain. The injured worker noted that tramadol made her sleep all the time. The physical examination of the right shoulder revealed that the biceps tendon, anterior deltoid and acromioclavicular joint were tender to palpation. The impingement signs were positive as were the Neer's, Hawkins' and O'Brien's maneuvers. The injured worker had decreased range of motion of the right shoulder with pain and weakness. The strength was 4+/5 in the deltoid, biceps and triceps. There was 4/5 strength in abduction. The treatment plan included a right shoulder arthroscopic subacromial decompression, Mumford procedure and possible arthrotomy for cuff repair, post-operative physical therapy, DME, Sprix 15.75 mg for post-operative pain, Naproxen, Tizanidine, Tramadol, Cartivisc and Zolpidem. There was detailed Department of Workers' Compensation (DWC) form RFAs submitted for the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term treatment of acute exacerbations of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The duration of use was since at least 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #100 is not medically necessary.

Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS ANTISPASTICITY/ ANTISPASMODIC DRUGS.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The duration of use is less than 3 weeks. There should be documentation of objective functional benefit. . The duration of use was since at least 2012. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tizanidine 4 mg #120 is not medically necessary.

Sprix 15.75mg Nasal Spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com <http://www.drugs.com/sprix/html>.

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, Sprix.

Decision rationale: The Official Disability Guidelines indicate that Sprix is an intranasal formulation of ketorolac tromethamine and is for the short term management of moderate to moderately severe pain requiring analgesia at the opioid level. The total duration of use for Sprix should not exceed 5 days. The request was noted to be for post-operative use. There was a lack

of documentation indicating the surgical procedure was approved and that there had been a trial and failure of oral opioids to support the necessity for a nasal spray. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Sprix 15.75 mg nasal spray is not medically necessary.