

Case Number:	CM14-0123783		
Date Assigned:	08/08/2014	Date of Injury:	05/06/1998
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/05/2014

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 is a 57-year-old female who has submitted a claim for status post arthroscopy to right shoulder for cuff tear and tendon repair x3 with revisions, with developing of complex regional pain syndrome, right upper extremity, possible ulnar neuropathy and carpal tunnel syndrome, possible radiculopathy due to cervical disk herniation at C5-C6 associated with an industrial injury date of May 6, 1998. Medical records from 2014 were reviewed, which showed that the patient complained of persisting right shoulder pain that radiated to the right shoulder blade with severe cramps. There was also weakness in the right arm and hand and constant burning sensation in the arm with hypersensitivity. There was 50% pain reduction and functional improvement with activities of daily living with the medications. On examination, blood pressure was 122/72. The right shoulder revealed tenderness over the acromion. There was crepitus on circumduction passively. Active range was limited. Patient was only able to laterally abduct 120 degrees, full forward flex 110 degrees, extend 30 degrees, internally and externally rotate about 30 degrees with positive impingement sign. Patient exhibited ongoing signs of allodynia to light touch and summation pinprick right lateral forearm and hand. Right upper extremity was cold to touch by comparison to the left upper extremity. There was disuse atrophy involving the right biceps and forearm compared to the left. Deep tendon reflexes (DTRs) remained +1 at the biceps, triceps and brachioradialis. Phalen and Tinel signs were negative. Patient exhibited positive Tinel's sign at the ulnar groove but there was no translation on passive range of the elbow. Treatment to date has included medications such as methadone, Norco, clonidine, omeprazole, Lidoderm patch, Seonokot and Flexeril (since at least April 21, 2014). Utilization review from July 25, 2014 denied the request for Flexeril (10mg, #30), Clonidine (0.1mg, #30), Omeprazole (20mg, #30) and Lidoderm patches (5%, #30). The request for Flexeril was denied because the patient had been using this medication for longer than the 3 weeks recommended by

the guidelines. The request for Clonidine was denied because the guidelines only support clonidine use in conjunction with opioid use only in the intrathecal and not the oral preparation. The request for omeprazole was denied because records did not show NSAID use or GERD or associated risk factors. The request for Lidoderm patch was denied because Lidoderm patch is not a first line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (10mg, #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of three at 2 weeks for symptom improvement. In this case, the patient had been using the medication since April 21, 2014. Further use of this medication is no longer supported by the guidelines. Therefore, the request is not medically necessary.

Clonidine (0.1mg, #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34-35. Decision based on Non-MTUS Citation FDA (Clonidine)

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, intrathecal clonidine is recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. The California MTUS Guidelines do not address oral administration of clonidine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. According to FDA, clonidine tablets are indicated in the treatment of hypertension. In this case, it is noted that this medication is to be prescribed for neuropathic component of pain and to decrease sympathetic tone. However, this is not an indication for use of oral clonidine. In addition, patient does not have hypertension. Therefore, the request is not medically necessary.

Omeprazole (20mg, #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDS. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request is not medically necessary.

Lidoderm Patches (5%, #30): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patch, Page(s): 56-57.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, there was no evidence from the provided records that the patient had tried first-line therapy already. Therefore, the request is not medically necessary.