MAXIMUS Federal Services

Case Number:	CM14-0131528		
Date Assigned:	08/20/2014	Date of Injury:	05/21/2013
Decision Date:	12/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

4/7/14 note reports bilateral shoulder pain with report of ultrasound finding right AC joint hypertrophy, rotator cuff tendinosis, and bursitis. There is UDS testing. 4/10/14 report notes pain in the right arm and shoulder. There is pain and reported sensitivity to touch. Repetitive use of the arm leads to pain. Examination notes tender points at second rib. Range of motion in cervical and lumbar spine was normal. EMG study was normal. Diagnosis was right upper extremity overuse syndrome. The insured was recommended for neuropathic pain medication treatment to include Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #120: 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 opioids Page(s): 75-79.

Decision rationale: The medical records report pain and ongoing opioid risk assessment but does not document clear functional benefit on ongoing basis in support of continued use. There

is no documentation in support of a neuropathic pain condition. As such MTUS guidelines do not support ongoing opioid use.

Anaprox DS 550mg #60: Overturned

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

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain of the shoulder. MTUS supports the use of an NSAID Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. As such the medical records support the use of Anaprox for the insured condition of moderate pain congruent with MTUS guidelines.

Interferential stimulator/moist heat pad OS4/Thermophore Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: MTUS guidelines do not support the use of electrical stimulation for the treatment of pain for which interferential is a form of electrical stimulation treatment. The medical records indicate pain but do not otherwise document any medical condition for which electrical stimulation is supported for treatment under MTUS guidelines. As such interferential treatment is not supported as medical necessary.

Right Trap/levator scapula trigger point injection under ultrasound guidance: Upheld

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

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

Decision rationale: ODG guidelines do not support trigger point injections in the absence of myofascial pain syndrome. The medical records provided for review do not document discreet

trigger points being noted on examination, only pain reproduction by palpation. In the absence of demonstrated trigger points, the medical records do not support injections for trigger points.

Fexmid 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: MTUS guidelines support the use of Flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with Flexeril (Orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.