

Case Number:	CM14-0174005		
Date Assigned:	10/27/2014	Date of Injury:	06/13/2014
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 Orthopaedic Surgery, and is licensed to practice in 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 63 year old female with a date of injury on 6/13/2012. She was employed as a customer service representative at the time of injury. The injury occurred when she tripped walking up tile stairs and fell forward onto her hands and knees. She sustained a left humerus fracture. She underwent a left shoulder manipulation under anesthesia on 7/9/13 and left shoulder arthroscopic subacromial decompression, labral debridement, with manipulation under anesthesia on 4/8/14. The records documented chronic pain syndrome with psychiatric factors. Her post-operative complaints included constant left shoulder pain, and neck/upper back pain with intermittent bilateral radicular symptoms. Her medications included oxycodone, hydrocodone, Motrin, and Aleve. The 9/15/14 treating physician report cited grade 8/10 left shoulder pain with throbbing, numbness, and tingling. Symptoms were increased with left upper extremity use. She also complained of right shoulder, neck, and back pain. A review of systems indicated the worker had complaints of heartburn, abdominal pain, and change in bowel habits. She also complained of depression, anxiety, and insomnia. The cervical spine exam documented left greater than right tenderness, 25% loss of range of motion, and no deficit in strength or stability. The shoulder exam documented diffuse left greater than right tenderness, positive left shoulder global tenderness, normal right shoulder strength, and 3-4/5 left shoulder global weakness. The left shoulder range of motion was flexion of 45, abduction of 35, external rotation of 40, internal rotation of 45, extension of 40, and adduction of 20 degrees. The right shoulder range of motion was flexion of 140, abduction of 140, external rotation of 80, internal rotation of 80, extension of 50, and adduction of 20 degrees. The lumbar range of motion was reported full with no evidence of weakness or instability. There was non-specific lumbopelvic tenderness documented. The Oswestry score was 64%, consistent with workers who perceive themselves as crippled. The injured worker was diagnosed with left shoulder adhesive capsulitis, left cervical

brachial myofascial pain syndrome, and chronic pain syndrome. The treatment plan recommended cognitive behavioral therapy to address factors for delayed recovery. She was very fearful of moving her left arm and of having another fall. The injured worker was not taking any current medications. Pamelor was recommended to manage her chronic pain as she had not responded adequately to prior treatment. She reported stomach upset with Motrin. The treatment plan recommended discontinuation of Motrin and initiation of Relafen. Tylenol with codeine was prescribed for episodes of severe pain. The 9/30/14 utilization review denied the request for Pamelor as the most recent report did not show any subjective or exam evidence of a neuropathic source of pain to support medical necessity. The request for initiation of Relafen was denied based on a noted history of gastrointestinal discomfort with prior non-steroidal anti-inflammatory drug use and a history of heartburn and abdominal pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pamelor 10mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of anti-depressants, like Pamelor, as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the guideline criteria have been met. This injured worker has continued left shoulder pain and cervicothoracic pain with a radicular component, diagnosed as cervicobrachial syndrome. She is also exhibiting psychological symptoms with a diagnosis of chronic pain syndrome. There is marked functional limitation. The records documented the failure of anti-inflammatory and opioid pain medications to achieve adequate pain reduction or improvement in function. The guidelines would support a trial of this medication. Submitted is evidence of neuropathic pain and psychological component, and failure of anti-inflammatory and opioid medications to support this medication trial for this injured worker. Therefore, this request is medically necessary.

Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of nabumetone (Relafen) for the treatment of symptoms associated with osteoarthritis and chronic back pain and as a second line option for acute exacerbations of chronic back pain. Non-steroidal anti-inflammatory drug guidelines warn of gastrointestinal symptoms and cardiovascular risks and generally recommend that the lowest effective dose be used for all non-steroidal anti-inflammatory drugs for the shortest duration of time consistent with the individual worker treatment goals. The guidelines recommend that workers at high risk of gastrointestinal events be prescribed a Cox-2 selective agent plus a proton pump inhibitor if absolutely necessary. In this case, the guideline criteria have not been met. There is no evidence of pain reduction or functional improvement with the prior use of non-steroidal anti-inflammatory drugs to support continued use. There are significant gastrointestinal symptoms associated with this injured worker's use of non-steroidal anti-inflammatory drugs. A change to Relafen, which is a non-selective non-steroidal anti-inflammatory drug, and without addition of a proton pump inhibitor is not consistent with guidelines. Therefore, this request is not medically necessary.