

Case Number:	CM14-0174271		
Date Assigned:	10/27/2014	Date of Injury:	01/04/1997
Decision Date:	12/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, shoulder pain, wrist pain, anxiety, depression, and myofascial pain syndrome reportedly associated with an industrial injury of January 4, 1997. In a Utilization Review Report dated September 23, 2014, the claims administrator approved a request for Norco, approved Lyrica, denied Flexeril, denied flaxseed oil, denied glucosamine-chondroitin, approved Colace, denied Restoril, and denied Voltaren gel. The applicant's attorney subsequently appealed. On August 18, 2014, the applicant did undergo an open rotator cuff repair surgery to ameliorate a preoperative diagnosis of complete tear of right rotator cuff. On July 8, 2014, the applicant reported ongoing complaints of shoulder pain and weakness. A SurgiStim device was endorsed, along with continuous passive motion machine, a sling, 30 sessions of postoperative physical therapy, and a cryotherapy unit rental. On August 11, 2014, it was noted that the applicant was using Norco, Flexeril, Colace, Elavil, Zoloft, BuSpar, Restoril, metformin, glipizide. The applicant's shoulder complaints were complicated by comorbid diabetes, asthma, and anemia, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG: Overturned

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, there is also a "postop use" role for Flexeril, a muscle relaxant. In this case, the applicant underwent shoulder surgery on September 18, 2014, i.e., on or around the date of the Utilization Review Report, September 23, 2014. Postoperative usage of Flexeril was indicated on or around the date in question. Therefore, the request is medically necessary.

Flaxseed Oil Capsule 1000 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section

Decision rationale: The MTUS does not address the topic of dietary supplements such as flaxseed oil. However, the Third Edition ACOEM Guidelines note that dietary supplements such as flaxseed oil are "not recommended" in the chronic pain context as they have not been shown to produce any meaningful benefits in the treatment of the same. The attending provider progress notes do not contain much in the way of applicant-specific narrative or commentary which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Glucosamine Chondr 500/1000 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended as an option in the treatment of applicants with moderate arthritis pain, especially knee arthritis, in this case, however, there was no mention of the applicant's carrying a diagnosis of arthritis or knee arthritis which would compel provision of glucosamine. Rather, all evidence on file pointed to the applicant's primary pain generator being a full-thickness rotator cuff tear for which the applicant underwent open shoulder surgery on September 18, 2014. Ongoing usage of glucosamine, thus, was not indicated. Therefore, the request was not indicated to combat the applicant's shoulder rotator cuff tear. Therefore, the request is not medically necessary.

Restoril 30 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic medications such as Restoril can be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, there was no mention of any overwhelming mental health symptoms on or around the date in question which would compel provision of Restoril. Rather, it appeared that the applicant was using Restoril for long-term on a long-term use basis, for anxiolytic effect. This is not an ACOEM-endorsed role for Restoril. Therefore, the request is not medically necessary.

Voltaren Gel 1 Percent: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel, the article at issue, has "not been evaluated" for treatment of the spine, hip, or shoulder. Here, the applicant's primary pain generator is, in fact, the shoulder, a body part for which Voltaren gel has not been evaluated. The attending provider failed to furnish any compelling applicant-specific rationale which would support provision of Voltaren in the face of the tepid-to-unfavorable MTUS position on the same. The applicant's ongoing usage of multiple other medications, including Norco, Lyrica, Flexeril, etc., would, furthermore, seemingly obviate the need for the Voltaren gel at issue. Therefore, the request is not medically necessary.