

Case Number:	CM14-0036271		
Date Assigned:	06/25/2014	Date of Injury:	05/12/2010
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/25/2014

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 & Rehabilitation 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 injured worker is a 44-year-old male who reported an injury on 05/12/2010. The mechanism of injury was not provided within the medical records. The injured worker's medication regimen included Duexis. The clinical note dated 01/15/2014 indicated diagnoses of industrial injury to the left forearm with a left radius fracture on 05/12/2010, open reduction with internal fixation of the left forearm with hardware removal, partial rotator cuff tear with impingement of the left shoulder, status post left shoulder arthroscopy decompression, debridement, and acromioplasty on 11/25/2013, and a history of left carpal tunnel release with arthroscopy of the left wrist on 03/15/2012 with residual wrist pain. The injured worker reported he was attending physical therapy regularly and reported a slow and steady improvement. On physical examination of the left shoulder, forward flexion was 95 and abduction was 115 with pain with overhead activities. Per the physical therapy note dated 01/13/2014, the injured worker reported improved left shoulder mobility with greatest stiffness in the morning, and improved ability with activities of daily living and self-care that included dressing. The injured worker reported he lacked endurance with therapeutic exercise and with chores and when he lifted objects with his left hand. The injured worker reported he took pain medications less often. Overall, the injured worker reported he had progressed steadily with improved range of motion and an increased activity level with a decreased subjective pain level. The injured worker's prior treatments included diagnostic imaging, surgery, 24 sessions of physical therapy, and medication management. The provider submitted a request for 12 sessions of physical therapy to the left shoulder and Duexis and Norco. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98 Page(s): 98.

Decision rationale: The request for Twelve sessions of physical therapy to the left shoulder is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation including an adequate complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion and decreased strength or flexibility. In addition, the injured worker completed 24 sessions of physical therapy to the left shoulder. The completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises, such as strengthening, stretching, and range of motion. Moreover, the request did not indicate a timeframe for the physical therapy. Therefore, the request for 12 sessions of physical therapy to the left shoulder is not medically necessary.

Duexis (ibuprofen and famotidine) 800-26.6 mg 1 TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, page 70 Page(s): 70.

Decision rationale: The request for Duexis (Ibuprofen and Famotidine) 800-26.6 mg 1 TID #90 is not medically necessary. The California MTUS guidelines do not recommend Duexis as a first-line drug. Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. Diclofenac is in the same drug class as a combination NSAID/GI protectant, and referenced in the guidelines. Ibuprofen and famotidine are also available in multiple strengths OTC, and other strategies are recommended to prevent stomach ulcers in patients taking NSAIDs. With less benefit and higher cost, it would be difficult to justify using Diclofenac as a first-line therapy. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for NSAID-induced gastric or duodenal ulcers. In addition, the guidelines do not recommend Duexis as a first-line drug for injured workers. Moreover, it was not indicated if the injured worker had tried a first-line therapy before trying the Duexis. Additionally, there was a lack of documentation of efficacy

and functional improvement with the use of the Duexis. Therefore, the request for Duexis is not medically necessary.

Norco 10/325 mg 1 every eight hours PRN pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg 1 every eight hours PRN pain is not medically necessary.. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation of the efficacy and functional improvement with the use of this medication. In addition, there was a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, there is a lack of a quantified pain assessment. Therefore, the request for Norco is not medically necessary.