MAXIMUS Federal Services

Case Number:	CM14-0050448		
Date Assigned:	07/07/2014	Date of Injury:	03/07/2013
Decision Date:	10/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 Internal Medicine, Pulmonary Diseases 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 32-year-old female who reported an injury on who reported an injury on 03/07/2013; reportedly while carrying a case of 50 pounds of rib meat in the refrigerated area and apparently it started to fall and the injured worker dropped and pulled the right shoulder downwards and hyperextended the arm. The injured worker's treatment history included x-rays, MRI studies, EMG nerve conduction study, medications, and an MRI arthrogram. On 04/10/2013, the injured worker had undergone an MRI of the right shoulder, which revealed no cuff tear and no evidence of outlet impingement; however, the labrum was not well visualized. The injured worker had x-rays of the cervical spine on 04/15/2013, which was considered normal. The injured worker was evaluated on 03/07/2014, and it was documented that the injured worker was complaining of severe pain in the right shoulder and neck area. She reported numbness and tingling sensation in the right upper extremity and hand. She was wearing a sling on her right upper extremity. She stated she could not raise her arm at above shoulder height due to severe pain in the right shoulder area. She stated that she gets throbbing pain that radiated from her neck down to the back of her shoulder blade. She rated her pain at 8/10 at best, 7/10 at worst and at times 10/10. She stated the medication that she was allowed was Naprosyn; however, that upsets her stomach. Physical examination of the cervical spine revealed her neck range was limited. She can rotate to the left about 70 degrees, flexion and extension was 10 degrees. Cervical compression caused some neck pain that radiated into the right shoulder blade area. Valsalva's maneuver was negative. Hoffman's sign appeared to be negative. Medications included Ultracet and Vimovo. Diagnoses included right shoulder girdle sprain/strain, possibility of internal derangement not seen on routine MRI, cervical sprain/strain, possible disc herniation with radicular symptoms in the right shoulder blade area, right wrist pain with

sprain/strain injury, and right elbow pain with possible sprain/strain. Request for Authorization dated 03/11/2014 was for Vimovo 500/20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(non-steroidal anti-inflammatory drugs), Osteoarthritis (inc. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain low back Pain. NSAIDs, GI, symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines states that Back Pain - Chronic low back pain (MTUS): Vimovo 500/20 is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. It also states that Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. In the documentation provided there was no evidence of the injured worker having a gastrointestinal work-up or symptoms. The request lacked frequency and duration of medication. Given the above, the request for retrospective Vimovo 500/20 # 60 is not medically necessary.

Urine Drug Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 03/18/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The request for urine drug screen is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic

trial of opioids & on-going management; opioids, differentiation: dependence& addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the urine drug screen was for medication compliance however there was no indication the injured worker been on opioids. The guidelines recommends urine drug screen 1 a year. Given the above, the request for the urine drug screen is not medically necessary.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC Neck & Upper Back Procedure Summary last updated 03/07/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for Magnetic Resonance Imaging of the cervical spine is not medically necessary.CA MTUS/ ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. The injured worker stated she had an X-ray of the cervical spine that was considered normal. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request for MRI of the cervical spine is not medically necessary.