MAXIMUS Federal Services

Case Number:	CM14-0062416		
Date Assigned:	08/06/2014	Date of Injury:	07/25/2005
Decision Date:	09/16/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 and Rehabilitation and is licensed to practice in Ohio and 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 53-year-old female who reported an injury on 07/25/2005, due to an unknown mechanism. Diagnoses were bilateral shoulder impingement syndrome status post left shoulder arthroscopy 10/24/2005, right shoulder surgery 2000 and 2010, adhesive capsulitis both shoulders left and right, bilateral shoulder pain, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome and neuropathic pain. Past treatments have been many sessions of physical therapy, cortisone injections to the left shoulder. The injured worker had an MRI of the left shoulder on 04/03/2014 with impressions of fibrotic thickening of the rotator internal, subluxation or adhesive capsulitis, and subluxation or diffuse capsulitis. Synovial thickening of the axillary pouch could be due to adhesive capsulitis. Also, it revealed rotator cuff tendinitis without evidence for a tear, acromioclavicular joint resection, and non-displaced SLAP lesion. Physical examination on 05/12/2014 revealed complaints of pain in the bilateral shoulders. The injured worker had no new pain symptoms since the last visit. The injured worker reported her pain as 6/10 and since the last visit it has averaged 6/10. Without pain medications the score was a 4/10 and with pain medication the score was 8/10. There were no objective findings for the physical examination reported. Medications were Norco 10/325 mg 1 every 6 hours, Prilosec 1 twice a day, Trepadone 2 tablets twice a day, GABAdone 2 tablets at bedtime, Theramine 2 tablets twice a day, Sentra AM 2 tablets in the morning, Lyrica 150 mg 1 tablet twice a day, MiraLAX 17 ounces in 8 ounces of water 3 times a day, Fluoroflex ointment apply over affected site 3 times daily. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The physical examination did not report any objective physical findings. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Protonix 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68,69.

Decision rationale: The request for Protonix 40 mg quantity 30 is not medically necessary. The California Medical Treatment Utilization Schedule states clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or using a high dose/multiple NSAIDs. Patients with no risk factors or no cardiovascular disease, a nonselective NSAID is okay, such as ibuprofen or naproxen. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or misoprostol or a Cox 2 selective agent. Long term proton pump inhibitor use, greater than 1 year has been shown to increase the risk of hip fracture. The efficacy of this medication was not reported. The injured worker is not taking a NSAID. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

MiraLAX (dosage not specified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards Practice Task Force of The American Society of Colon and Rectal Surgeons.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy Page(s): 77.

Decision rationale: The request for MiraLAX (dosage not specified) is not medically necessary. The California Medical Treatment Utilization Schedule recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Although, the medical guidelines support the use of prophylactic treatment for constipation, the request does not indicate a frequency for the medication. It also does not a quantity. Therefore, the request is not medically necessary.

NESP-R Program: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cytokine DNA Testing.

Decision rationale: The request for NESP-R program is not medically necessary. The information for this request was not found in the California Medical Treatment Utilization Schedule, ACOEM or ODG. The medical guidelines do not support DNA testing for drug use. The Official Disability Guidelines for cytokine DNA testing is not recommended. There is no current evidence to support the use of cytokine DNA testing for the diagnosis of pain, including chronic pain. Due to the fact that the guidelines do not support this request, it is not medically necessary.

Gabadone #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medical Food.

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

Decision rationale: The request for GABAdone quantity 60 is not medically necessary. The Official Disability Guidelines for medical food state it is recommended. The definition of medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. GABAdone contains a 5-hydroxytryptophan, which has been found to be possible effective in treatment of anxiety disorders, fibromyalgia, obesity and sleep disorders. It has been found to be effective for depression. In alternative medicine it has been used for depression, anxiety, insomnia, obesity, aggressive behavior, eating disorders, fibromyalgia, chronic headaches and various pain disorders. It should be used with caution in individuals using SSRI antidepressants. This product has been linked to a contaminant that causes a condition called eosinophilia myalgia syndrome. Although the injured worker may be

obtaining better sleep the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Trepadone #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Medical Food.

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

Decision rationale: The request for Trepadone quantity 120 is not medically necessary. The definition of medical food is a food which is formulated to be consumed or administered entirely under the supervision of a physician, which is intended for specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation. Although the injured worker may be obtaining better sleep the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

1 Epidural Steroid Injection for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines-Corticosteroid and Epidural Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The request for 1 epidural steroid injection for the left shoulder is not medically necessary. The California ACOEM states invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs) for 2 to 3 weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to 3 per episode, allowing for assessment of benefit between injections. The injured worker had received previous injections with improvement for 3 weeks. The efficacy of the previous steroid injections to the left shoulder was lacking objective findings. There was no functional improvement reported after the injections. Therefore, the request is not medically necessary.