

Case Number:	CM14-0067925		
Date Assigned:	07/11/2014	Date of Injury:	12/29/2011
Decision Date:	09/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 42 year old female who reported injury on 12/29/2011. The mechanism of injury was not specified. The diagnoses included status post right shoulder surgery, fibromyositis, chronic pain syndrome, and adhesive capsulitis of shoulder, sprain of elbow and forearm and bursa of shoulder. Past treatments included occupational therapy, medications and a home exercise program. Her diagnostic test included x-rays on 03/18/2014. The injured worker is status post right shoulder labral tear on 03/18/2014. On 04/22/2014, the injured worker complained that her pain is less than her previous appointment, she has symptoms of complex regional pain syndrome, swelling, hot, temperature change in her hand, numbing pain, inability to use the right hand, tremors, incomplete range of motion, cold sensitivity, catching and popping in her right shoulder while reaching. The physical exam findings included swelling of the right upper forearm, muscle atrophy, and right shoulder flexion to 90 degrees and abduction to 90 degrees, tenderness. She was also noted to hold her right shoulder in a guarded position, and her right hand was swollen, red, mottled, and warm to touch, with decreased sensation in all fingers. Medications included Amitriptyline 50mg, Benadryl 25mg, Celebrex 50 mg, Lidoderm 5%, Omeprazole 40 mg, and Voltaren 1%. There was not a treatment plan, rationale for the request and request for authorization form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68, 70.

Decision rationale: The injured worker has a history of status post right shoulder surgery, fibromyositis, and chronic pain syndrome, sprain of elbow and forearm and bursa of shoulder. The California MTUS guidelines state NSAID medications are recommended as an option for short-term symptomatic pain relief, but there is no evidence of long-term effectiveness for pain or function. The injured worker complained of swelling, temperature change in her hand as hot, numbing pain, inability to use the right hand, tremors and incomplete range of motion. She was noted to be using Celebrex as a part of her medication regimen. However, there was insufficient documentation showing adequate pain relief, evidenced by numeric pain scales, increased function, and the absence of adverse side effects with use of this medication. In the absence of this information, continued use is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, Celebrex 50mg is not medically necessary.

Lidoderm 5% 700mg/patch #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The injured worker has a history of status post right shoulder surgery, fibromyositis, and chronic pain syndrome, sprain of elbow and forearm and bursa of shoulder. The California MTUS Guidelines state that Lidoderm patches may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, but this treatment is not a first-line treatment and is only FDA approved for post-herpetic neuralgia as further research is needed to recommend this treatment for other chronic neuropathic pain disorders. The injured worker was noted to be taking amitriptyline and continued use was recommended, but the documentation does not show evidence of the failure of antidepressants and anticonvulsants, or a diagnosis of post-herpetic neuralgia. In the absence of this diagnosis, Lidoderm is not supported as the guidelines state further research is needed to recommend this treatment for other chronic neuropathic pain disorders. Additionally, the request, as submitted, did not specify a frequency of use. As such, Lidoderm 5% 700mg patch with 1 refill is not medically necessary.

Omeprazole 40mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptom Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker has a history of status post right shoulder surgery, fibromyositis, and chronic pain syndrome, sprain of elbow and forearm and bursa of shoulder. The California MTUS Guidelines recommend omeprazole for those taking NSAIDs who have been shown to be at risk for gastrointestinal events and dyspepsia secondary to NSAID therapy. The injured worker was noted to be taking Celebrex, an NSAID medication. However, there was no documentation showing that she had complaints of gastrointestinal discomfort. It was also not indicated that she was at increased risk for gastrointestinal events to support use of a proton pump inhibitor. Additionally, the request for Celebrex was not supported. For the reasons noted above, the request for Omeprazole 40mg #30 with 1 refill is not medically necessary.