

<b>Case Number:</b>	CM14-0092171		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Physical Medicine and 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 patient is a 44-year-old female with a date of injury of 06/14/2012. The listed diagnoses per [REDACTED] are: 1. Status post right shoulder arthroscopic subacromial decompression, October 2013. 2. Right carpal tunnel syndrome. According to progress report 05/23/2014, the patient presents with right shoulder and right wrist/ hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The patient states the right shoulder pain is 5/10 and right wrist and hand pain are 6/10. She notes "medication does help." Examination revealed tenderness to the right shoulder and limited range of motion. There is conditioning of the right deltoid musculature. MRI of the right shoulder from 05/15/2014 demonstrated postoperative changes consistent with rotator cuff repair, otherwise, unremarkable. Treater states the patient remains deconditioned and should continue with additional postoperative physical therapy to the right shoulder 3 times a week for 4 weeks, continue TENS unit, hydrocodone 7.5 mg, naproxen 550 mg, pantoprazole 20 mg, cyclobenzaprine 10 mg, and Lidoderm patches 5%. Utilization review denied the request on 06/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114, 16-117.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is recommending patient continue with a TENS unit. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple sclerosis. When a TENS unit is indicated a 30-day home trial is recommended and with documentation of function improvement, additional usage may be indicated. Although progress report 05/23/2014, notes the patient should continue with a TENS unit, review of prior progress reports from 01/24/2014 to 04/23/2014 do not provide further discussions of a TENS unit. It is unclear how long the patient has utilized the unit and what the outcome from the treatment was. MTUS allows for extended use of a TENS unit when there is documentation of functional improvement. Recommendation is for denial.

**Physical Therapy Right shoulder 3 times a week for 4 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE Page(s): 98-99.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is recommending patient continue with postoperative physical therapy for the right shoulder 3 time a week for 4 weeks. This patient is outside of the postsurgical timeframe. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myalgia-, myositis-type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient underwent 24 postoperative physical therapy sessions following the October 2013 right shoulder surgery. Physical therapy report consistently notes patient complains of right shoulder pain, stiffness, and weakness. In this case, the patient has recently undergone 24 postoperative physical therapy sessions without much improvement. The requested additional 12 sessions is not medically necessary. Furthermore, the treater does not discuss why the patient would not be able to transition into a home exercise program. Recommendation is for denial.

**Hydrocodone 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
LONG-TERM OPIOID USE Page(s): 88-89.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is requesting a refill of hydrocodone 7.5 mg. Review of the medical file indicates the patient has been taking hydrocodone since at least 01/24/2014. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's (activities of daily living), adverse side effects and aberrant drug-seeking behavior. In this case, review of progress reports from 01/24/2014 to 05/23/14 provides no discussions regarding efficacy or functional improvement from taking Hydrocodone. Furthermore, no specific ADL changes are documented to determine whether or not significant functional improvements are achieved. Analgesia is not reported using a numerical scale to determine how significant change is. Pain assessment information is not provided. In addition, opiate monitoring such as urine drug screening and aberrant behavior is not discussed. Recommendation is for denial.

**Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain and anti-inflammatory medications Page(s): 60-61, 22.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is requesting a refill of naproxen 550 mg. Review of the medical file indicates the patient has been taking naproxen since at least 01/24/2014. Reports 01/24/2014 through 05/23/2014 do not provide discussion regarding medication efficacy. In this case, given the patient's continued pain, naproxen may be indicated. However, the treater does not provide any discussion regarding what this medication is or is not doing for the patient. MTUS page 60 requires documentation of pain assessment and functional changes when medications are use for chronic pain. Recommendation is for denial.

**Pantoprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is requesting a refill of pantoprazole 20 mg. Utilization review approved certification with future request to be accompanied with clarification of the issues. Utilization review states the patient

might be at risk of gastrointestinal events due to apparent chronic NSAID therapy. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or any GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Recommendation is for denial.

**Cyclobenzaprine 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is requesting a refill of cyclobenzaprine 10 mg. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." Medical file provided for review indicates the patient has been taking cyclobenzaprine since 01/24/2014. In this case, the treater has prescribed this medication for long-term use. Furthermore, review of progress reports from 01/24/2014 to 05/23/2014 does not indicate muscle spasms in this patient. Recommendation is for denial.

**Lidoderm Patches.5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

**Decision rationale:** This patient presents with right shoulder and right wrist/hand pain. The patient is status post right arthroscopic subacromial decompression on October 2013. The treater is requesting Lidoderm 5% patches 1 per day. Terocin patches contain salicylate, capsaicin, menthol, and lidocaine. The MTUS Guidelines page 112 states under lidocaine, "Indications are for neuropathic pain, recommended for localized peripheral pain after there has been evidence of trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designed for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy." In this case, the patient does not present with "localized peripheral pain." The patient has shoulder pain and stiffness. The requested Lidoderm patches are not medically necessary, and recommendation is for denial.