

Case Number:	CM14-0093459		
Date Assigned:	07/25/2014	Date of Injury:	02/15/2012
Decision Date:	10/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/19/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 6/6/14 MRI of shoulder notes localized distal supraspinatus tendinopathy. The 3/31/14 note indicates pain in the left shoulder with history of 2 surgeries. ADLs are reported to be limited. Examination notes trigger points over the anterior left shoulder with reduced ROM. 1/7/14 QME reports pain in the left shoulder. Medications tried include ibuprofen, Naprosyn, Ketoralac, Flexeril, Tramadol, Nortriptyline and omeprazole. Current medications were reported as Naprosyn, tramadol, and Flexeril which were tolerated well with no side effects. Examination noted strength of 5/5 with pain and guarding on ROM of the left shoulder. There was decreased sensation to pinprick and light touch of the entire left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids
Page(s): 67.

Decision rationale: The medical records provided for review indicate the presence of pain with musculoskeletal origin of pain being reported. The insured reports benefit from the therapy with no side effects. MTUS guidelines support the use of NSAID for management of pain.

Cyclobenzaprine 7.6mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41.

Decision rationale: The medical records provided for review report localized pain in the shoulder but does not demonstrate reduction in spasm related to flexeril and does not indicate or support a rationale for chronic therapy. MTUS guidelines support flexeril for short term use only.

Ranitidine 150mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: The medical records provided for review do not indicate a past medical history or GERD or gastric ulcers and indicates no side effects to current medications in support of necessity for gastric acid reducer.

Lenza gel 120gm: 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 chronic pain, topicals, Page(s): 111.

Decision rationale: Lenza is a patch composed of lidocaine and menthol. It is indicated for temporary relief of pain associated with minor cuts, scrapes, and irritations. The medical records provided for review do not indicate the presence of one of these conditions. MTUS indicates these are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate.