

Case Number:	CM14-0198811		
Date Assigned:	12/09/2014	Date of Injury:	12/06/1999
Decision Date:	01/22/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/26/2014

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 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 47-year-old woman with a date of injury of December 6, 1999 while working as an adult caregiver. The specific mechanism of injury was not documented in the medical record. The current is left glenohumeral subluxation, status post left shoulder arthroscopy, acromioplasty on June 5, 2013. Prior treatments have included cortisone injection, TENS unit, physical therapy, and medications which have provided relief. Pursuant to the handwritten progress note dated October 23, 2014, the injured worker complains of neck and bilateral trapezius pain. Examination noted left shoulder range of motion functional, strength 4+/5. The remainder of the objective examination was illegible. Documentation in the medical record indicated that the patient has been taking Diclofenac, Flexeril, and Ultracet since at least February of 2014 to present. There were no detailed pain assessments or documentation of objective functional improvement associated with the use of Diclofenac, Flexeril, and Ultracet. The current request is for Diclofenac 75mg #60, Prilosec 20mg #30, Ultracet 37.5/325mg #45, Flexeril 10mg #30, pain management consult, and DME purchase of TENS unit. With regards to the TENS unit, according to a progress note dated August 20, 2013, the provider requested a replacement TENS unit and supplied because the current unit was broken. On September 17, 2013, the documentation indicated that TENS provides minimal relief, and an H-wave was requested. In an October 22, 2013 note, the H-wave was requested again. According to the clinical note dated November 26, 2013, the provider requests authorization for TENS unit-30 days trial replacement. The TENS unit was requested once again according to the February 4, 2014 progress note. The March 2014 note, and the October 2014 requested authorization for TENS unit. It is unclear as to how long the patient has been using a TENS unit. There was no documentation of objective functional improvement associated with the continued use of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 75 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug over another based on efficacy. A progress note from February 2014 indicates the injured worker has been taking Diclofenac 75 mg from that point lower. It is unclear, however, whether Diclofenac had been used prior to that date and for how long. Diclofenac is a non-steroidal anti-inflammatory drug. The lowest dose for the shortest period is indicated in patients with moderate to severe pain. There is no documentation in the medical record indicating objective functional improvement. The treating physician is clearly exceeded the recommended guidelines by continuing Diclofenac for 11 months (at a minimum). Consequently, absent the appropriate documentation to support the ongoing use of Diclofenac, Diclofenac 75 mg #60 is not necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg # 30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to age greater than 65; history of peptic culture, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high dose/multiple non-steroidal anti-inflammatory drug use. In this case, the injured workers working diagnoses are left shoulder glenohumeral subluxation; status post left shoulder arthroscopy times three; and left shoulder residual posterior inferior subluxation. The past medical history does not contain any comorbid conditions compatible with the risks enumerated above. Specifically, there is no history of peptic ulcer

disease, etc. Consequently, absent the appropriate clinical indications, Prilosec 20 mg #30 is not medically necessary.

Ultracet 37.5/325mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opioids

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet 37.5/325 mg #45 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are left shoulder glenohumeral subluxation; status post left shoulder arthroscopy times three; and left shoulder residual posterior inferior subluxation. A progress note dated February 2014 indicates the injured worker was taking Ultracet 37.5/325 mg at that time. It is unclear whether that is a refill or start date. The documentation does not contain objective functional improvement regarding Ultracet use. There is no evidence of any tapering or reduction in the dose or frequency in its use. Additionally, there are no risk assessments or urine drug screens in the medical record documentation. Consequently, absent the appropriate documentation to support the ongoing use of Ultracet, Ultracet 37.5/325 mg #45 is not medically necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #30 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks). Acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are left shoulder glenohumeral subluxation; status post left shoulder arthroscopy times three; and left shoulder residual posterior inferior subluxation. A progress note dated February 2014 indicates the injured worker was taking Flexeril at that time.

It is unclear from the documentation whether Flexeril predates February 2014 and whether it, in fact, a refill. There is no documentation indicating objective functional improvement associated with Flexeril use. Additionally, the treating physician clearly exceeded the recommended guidelines of less than two weeks (short-term). The short-term indications are for treatment of acute low back pain or an exacerbation in patients with chronic low back pain. The documentation does not reflect a low back pain issue. Consequently, absent the appropriate clinical indications and the long-term use in contravention of the recommended guidelines, Flexeril 10 mg #30 is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, a pain management consult is medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in proper diagnosis and worker, and should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is based on what medications the patient is taking since some medications such as opiates require close monitoring. Consultations aid in the diagnosis, prognosis, therapeutic management and determination of medical stability. In this case, the injured worker has been using Diclofenac 75 mg, Ultracet 37.5/325 mg, Flexeril 10 mg for approximately 12 months. The treating physician continues to renew these medications on a monthly basis. There is no documentation of objective functional improvement associated with the aforementioned non-steroidal anti-inflammatory, opiate and muscle relaxant. A progress note dated May 2014 indicates the injured worker has plateaued and is permanent and stationary (disability status). There is no indication in the medical record the treating physician has attempted to reduce the dose or frequency of the Diclofenac, Ultracet or Flexeril. A single consultation to a pain management specialist for an evaluation would appear to be appropriate based on the medications that are continually renewed. Consequently, based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a pain management consultation is medically necessary.

DME purchase of TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home based TENS trial may be considered as a noninvasive conservative option. The criteria for use of TENS are enumerated in the Official Disability Guidelines. In this case, the injured worker has been using a tens unit for several years. The earliest progress note in the medical record indicates the injured worker requested a replacement TENS unit with supplies in the August 20, 2013 progress note. September 17, 2013, the TENS unit provided a "minimal help." On October 22, 2013 the injured worker requested H wave. On November 26, 2013 a TENS 30 day trial replacement was requested. On February 4, 2014 a follow-up request was submitted. On March 6, 2014 and October 23, 2014 an additional request was submitted. There is no documentation in the medical record indicating objective functional improvement while using the TENS unit. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement, TENS unit for purchase is not medically necessary.