

Case Number:	CM14-0209288		
Date Assigned:	12/22/2014	Date of Injury:	11/27/2013
Decision Date:	02/18/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 58-year-old male with date of injury of 11/27/2013. The listed diagnoses from 11/11/2014 are: 1. Status post right shoulder arthroscopic subacromial decompression from 02/24/2014. 2. Right bicep long head rupture. 3. Neurologic findings, postoperative, right upper extremity. According to this report, the patient complains of right bicep and right shoulder pain. He rates his right bicep a 5/10 and right shoulder pain a 3/10. The examination of the right shoulder demonstrates flexion at 0 to 170 degrees, abduction 0 to 160 degrees, internal rotation 0 to 80 degrees, external rotation 0 to 80 degrees, abduction and extension 0 to 40 degrees. Incision sites show well-healed scar with no infection, 4+/5 strength in all planes. Ruptured bicep tendons, palpable. Spasm noted in the right cervical trapezius. The treatment reports from 04/29/2014 to 11/11/2014 were provided for review. The Utilization Review denied the request on 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98 and 99. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Shoulder Procedure Summary last updated 08/24/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting physical therapy 3x4. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The 11/11/2014 report notes that the treating physician is requesting 12 additional physical therapy for emphasis on "active therapy." In this case, there is no indication that the patient is unable able to transition into a self-directed home exercise program to improve strength and range of motion. Therefore, this request is not medically necessary.

Continue TENS, 30 day trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting continued tens: 30-day trial. The MTUS Guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show a history of a TENS trial. The 11/11/2014 report notes that the treating physician is requesting a 30-day trial for a TENS unit. The patient has reported efficacy with the TENS unit while utilizing this modality during physical therapy. In this case, the MTUS Guidelines support a 30-day TENS trial to determine its efficacy it terms of pain relief and a functional improvement. Therefore, this request is medically necessary.

Tramadol ER 2 tablets #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids; Opioids of Chronic Pain in General C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, On-Going Management Page(s): 88, 89, 78.

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting Tramadol ER 2 Tablet #60. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, activities of daily livings (ADLs), adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed tramadol on 08/12/2014. The 11/11/2014 report notes that the patient's use of tramadol has eliminated the use of the IR opioid narcotic analgesic. Decreased level of pain was noted for up to 6 points on a scale of 10 with tramadol use. Objective improvement includes greater range of motion, tolerance to activity and exercise and adherence to an exercise regime. He denies any side effects. No urine drug screen or CURES report was noted in the records. In this case, the physician has documented functional improvements and decreased pain with opioid usage and has met the MTUS requirements. Therefore, this request is medically necessary.

Naproxen sodium 550mg 1 tablet #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Osteoarthritis (in.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication, Medications for Chronic Pain Page(s): 22, 60.

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting Naproxen Sodium 550 Mg 1 Tablet #90. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed naproxen on 08/12/2014. The 11/11/2014 report notes that the patient's non-steroidal anti-inflammatory drugs (NSAIDs) use results in a 2 to 3 point diminution in pain component. The patient reports improved range of motion with NSAID use. However, the patient does report gastrointestinal (GI) upset with its use. In this case, the MTUS Guidelines support the use of anti-inflammatory medication as the first line treatment. Therefore, this request is medically necessary.

Pantoprazole 20mg 1 tablet #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks.

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

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting pantoprazole 20 mg 1 tablet #90. The MTUS Guidelines page 68 and 69 on NSAIDs, GI Symptoms, and Cardiovascular risks states, " Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient was prescribed pantoprazole on 08/12/2014. The patient reports a history of gastrointestinal (GI) upset with non-steroidal anti-inflammatory drugs (NSAIDs) use. In this case, the MTUS Guidelines support the use of PPIs with documented gastrointestinal events. Therefore, this request is medically necessary.

Cyclobenzaprine 7.5mg tablet #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasticity Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last update 10/02/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting cyclobenzaprine 7.5 mg tablet #90. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 08/12/2014. Cyclobenzaprine is not supported for long-term use based on the MTUS Guidelines. Therefore, this request is not medically necessary.

Toxicology screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last update 10/02/2014, Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with right bicep and right shoulder pain. The patient is status post right shoulder arthroscopic subacromial decompression from 02/24/2014. The treating physician is requesting a toxicology screen. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, Official Disability Guidelines (ODG) provides clear recommendations. The records do not show a urine drug screen. The 08/12/2014 report shows that the patient's current risk assessment is considered "high risk" due to "poor response to opioids in the past" and depression. In this case, the ODG Guidelines support monthly urine drug screens for patient's in the "high risk" category and the request is supported. Therefore, this request is medically necessary.