

Case Number:	CM15-0019279		
Date Assigned:	02/09/2015	Date of Injury:	09/24/2003
Decision Date:	04/24/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/02/2015

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: Orthopedic Surgery, Sports Medicine

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 52-year-old female who reported an injury on 09/24/2003. The mechanism of injury was not provided. The injured worker had undergone urine drug screens. The injured worker underwent an MRI of the left shoulder on 12/01/2011, which revealed impingement syndrome and tendinosis of the rotator cuff. There was a small amount of fluid in the glenohumeral space. There was a Request for Authorization submitted for review, dated 01/05/2015. The documentation of 01/05/2015, revealed the injured worker had complaints of neck pain, mid back pain, low back pain, and bilateral shoulder pain. The diagnoses included rotator cuff tear and right shoulder impingement syndrome. The treatment plan included Ultram 50 mg 1 by mouth twice a day as needed for pain, Prilosec 20 mg 1 by mouth twice a day, Motrin 800 mg daily, and gaba/flur compound. Additionally, the request was made for an arthroscopic examination of the right shoulder with repair versus debridement of the anterior glenoid labral tear, as well as a urine drug test to monitor medications. The injured worker underwent physical therapy for the lumbar spine, and had a right shoulder arthroscopy on 05/03/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 arthroscopic examination of the right shoulder with repair versus debridement of the anterior glenoid labral tear: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Surgery for SLAP lesions.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that surgical intervention may be appropriate for injured workers who have activity limitation for more than 4 months plus the existence of a surgical lesion, failure to increase range of motion and strength of the musculature around the shoulder, even after an exercise program, and clear clinical and imaging evidence that has been shown to benefit in both the long and short term from surgical intervention. They do not, however, address SLAP lesion repair. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that a SLAP lesion repair is appropriate for a type 2 and type 4 lesion if more than 50% of the tendon is involved. The definitive diagnosis is a diagnostic arthroscopy. There should be documentation of a history and physical examination and imaging to indicate pathology. The clinical documentation submitted for review failed to provide documentation that the injured worker had findings upon MRI to indicate there was a type 2 or type 4 lesion. There was a lack of documentation indicating the injured worker had failed conservative care. There was a lack of documentation of imaging indicating pathology. There was no history and physical examination submitted for review with the surgical request. Given the above, the request for 1 arthroscopic examination of the right shoulder with repair versus debridement of the anterior glenoid labral tear, is not medically necessary.

1 prescription of Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicted the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker had side effects or did not have side effects. The request as submitted failed to indicate the frequency for the requested medication, as well as the quantity of medication being requested. Given the above, the request for 1 prescription of tramadol 50 mg is not medically necessary.

1 prescription of Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. There was a lack of documentation indicating the injured worker was at an intermediate or high risk for gastrointestinal events. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication, as well as the quantity. Given the above, the request for 1 prescription of Prilosec 20 mg is not medically necessary.

1 prescription of Flur Diclo compound cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Diclofenac. Flurbiprofen Page(s): 111, 112, 72.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The guidelines indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support use. The clinical documentation submitted for review failed to provide the injured worker had utilized and had failed an antidepressant and anticonvulsant. There was a lack of documentation of exceptional factors. There was a lack of documentation indicating a necessity for 2 NSAIDs in a compound. The request as submitted failed to indicate the frequency and the quantity, as well as the body part to be treated. Given the above, the request for 1 prescription of Flur Diclo compound cream is not medically necessary.

1 urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of addiction, abuse, or poor pain control. The clinical documentation submitted for review failed to indicate the injured worker had documented issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating a necessity for a repeat urine drug screen. Given the above, the request for a urine toxicology screen is not medically necessary.