

Case Number:	CM15-0131054		
Date Assigned:	07/17/2015	Date of Injury:	11/27/2013
Decision Date:	09/01/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 58 year old male, who sustained an industrial injury on November 27, 2013 while working as a pallet bracer. The injury occurred while the injured worker was pounding a pallet with a hammer and experienced right shoulder and right upper extremity pain. The diagnoses have included right long head biceps rupture, right shoulder calcific tendinitis-bursitis and post-operative right upper extremity weakness and numbness. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, physical therapy, injections, transcutaneous electrical nerve stimulation unit, home exercise program and right shoulder surgery on 2/24/2014. Work status was permanent and stationary. Current documentation dated June 2, 2015 notes that the injured worker reported increasing right shoulder pain rated a 7/10 on the visual analogue scale. The injured worker also noted right biceps pain rated a 5/10 on the visual analogue scale. Examination of the right shoulder revealed a palpable ruptured biceps tendon and a decreased range of motion. The injured workers strength was a 4/5 all planes. Medications included Naproxen, Pantoprazole, Cyclobenzaprine and Cymbalta. The documentation notes that the injured workers current medication regime facilitates maintenance of his activities of daily living such as shopping, grooming and simple food preparation. The injured worker recalled having gastrointestinal upset with the use of non-steroidal anti-inflammatory drugs without a proton pump inhibitor medication and refractory spasms prior to the use of Cyclobenzaprine. The treating physician's plan of care included requests for Chiropractic treatments # 12, a urine drug screen and the retrospective medications

(date of service 5/5/2015) Naproxen Sodium 550 mg # 90, Pantoprazole 20 mg # 90 and Cyclobenzaprine 7.5 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 12 visits (3X4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - Manipulation.

Decision rationale: Adequate indications, per the California Medical Treatment Utilization Schedule (MTUS), are not present. Chiropractic treatment is recommended for chronic pain if it is caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The injured worker was noted to have chronic right shoulder pain. The injured worker was noted to be participating in a home exercise program. There is lack of documentation of failure of the home exercise program. The documentation did not reference any flare-ups in right shoulder pain. The recommendation per ODG is 9 visits over 8 weeks. The request exceeds the recommendation. Therefore, the request for chiropractic treatments is not medically necessary.

Retrospective request for Naproxen Sodium 550mg #90 DOS 05/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 and 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, non-steroidal anti-inflammatory drugs Page(s): 66, 67, and 68.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. The injured worker was noted to have chronic right shoulder pain. The documentation indicates the injured worker has been prescribed Naproxen Sodium since at least December of 2014. In this case, the subsequent documentation supports that the injured worker

was subjectively and objectively unchanged. The documentation does not show significant pain relief or functional improvement as a result of the medication. The MTUS Guideline indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. In addition, this medication is recommended for short-term use. The request for retrospective Naproxen Sodium is not medically necessary.

Retrospective request for Pantoprazole 20mg #90 DOS 05/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs; gastrointestinal and cardiovascular risk Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a PPI or misoprostol or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In this case, the injured worker has been prescribed a non-steroidal anti-inflammatory drug and Pantoprazole since at least December of 2014. Documentation dated June 2, 2015 notes that the injured worker did not have a history of ulcer, hemoptysis or hematochezia. There is lack of documentation that the injured worker was at intermediate risk for a gastrointestinal event. Additionally, the request for ongoing non-steroidal anti-inflammatory drugs was recommended not medically necessary. Therefore, continued use of a proton pump inhibitor medication would not be medically necessary. The request for retrospective Pantoprazole is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 DOS 05/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, muscle relaxants Page(s): 41, 42, 63, and 66.

Decision rationale: Regarding the medication Cyclobenzaprine for pain relief the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term

treatment of acute exacerbations in injured workers with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility." There is no additional benefit shown in the use of Cyclobenzaprine in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic right shoulder pain and had been receiving Cyclobenzaprine since at least December of 2014. The documentation indicates that the injured worker had refractory muscle spasm prior to the use of Cyclobenzaprine. However, the guidelines recommended Cyclobenzaprine for short-term use, no longer than 2-3 weeks. Therefore, the request for retrospective Cyclobenzaprine is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guideline, Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommended screening for the risk of addiction prior to initiating opioid therapy. Screening is also recommended after the claimant is already on opioids on a chronic basis and consists of screens for aberrant behavior or misuse. In this case, the injured worker is not receiving opioid medication. In addition, there is no evidence of aberrant behavior or abuse necessitating a urine drug screen. The request for a urine drug screen is not medically necessary.