

<b>Case Number:</b>	CM15-0133065		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	12/02/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69 year old male who sustained an industrial injury on 12-2-12. Diagnoses are left rotator cuff syndrome and left frozen shoulder. In a letter dated 2-3-15, the treating physician notes the injured worker was seen this day for follow up regarding his left shoulder. He continues to have severe pain and decreased range of motion in the left shoulder. He has had sessions of acupuncture and noticed decreased pain with slight increased function. He is tolerating pain medications. He would like to try to avoid surgery. He notes a transcutaneous electrical nerve stimulator unit was helpful in the past. Palpation reveals tender trigger points over the neck and posterior shoulders. Left shoulder range of motion remains markedly decreased to 35 degrees abduction and flexion. The treatment plan is to be seen by a physician for possible steroid injections or surgical considerations, six more sessions of acupuncture, a transcutaneous electrical nerve stimulator unit, and medications. He is off from work as he would not be able to work secondary to his other injuries involving his neck and right shoulder. The requested treatment is acupuncture 6 sessions, Celebrex 200mg for a quantity of 60 with 4 refill, Lyrica 50mg for a quantity of 90 with 4 refills, Voltaren Gel 1% for a quantity of 5 boxes with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** This claimant was injured in 2012 with left rotator cuff syndrome and left frozen shoulder. He continues to have severe pain and decreased range of motion in the left shoulder. He has had sessions of acupuncture and noticed decreased pain with slight increased function. He is tolerating pain medications. Left shoulder range of motion remains markedly decreased to 35 degrees abduction and flexion. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). There is no objective documentation of effective functional improvement in the claimant out of previous sessions. The sessions were appropriately non-certified under the MTUS Acupuncture criteria.

**Celebrex 200 mg Qty 60 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 63.

**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, under NSAIDS with GI issues.

**Decision rationale:** This claimant was injured in 2012 with left rotator cuff syndrome and left frozen shoulder. He continues to have severe pain and decreased range of motion in the left shoulder. He has had sessions of acupuncture and noticed decreased pain with slight increased function. He is tolerating pain medications. Left shoulder range of motion remains markedly decreased to 35 degrees abduction and flexion. The MTUS are silent on Celebrex. The ODG supports its use as a special NSAID where there is a unique profile of gastrointestinal or cardiac issues. They note it should only be used if there is high risk of GI events. The guidance is:- Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk was high the suggestion was for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. There is no suggestion at all of significant gastrointestinal issues in this claimant; the request for the Celebrex was appropriately non-certified, as criteria for appropriate usage under the evidence-based guides are not met.

**Voltaren gel 1%, 5 boxes with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** This claimant was injured in 2012 with left rotator cuff syndrome and left frozen shoulder. He continues to have severe pain and decreased range of motion in the left shoulder. He has had sessions of acupuncture and noticed decreased pain with slight increased function. He is tolerating pain medications. Left shoulder range of motion remains markedly decreased to 35 degrees abduction and flexion. Per the MTUS, Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has shoulder pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a worker's compensation or any patient. The request is appropriately non-certified.

**Lyrica 50 mg Qty 90 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs) Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2012 with left rotator cuff syndrome and left frozen shoulder. He continues to have severe pain and decreased range of motion in the left shoulder. He has had sessions of acupuncture and noticed decreased pain with slight increased function. He is tolerating pain medications. Left shoulder range of motion remains markedly decreased to 35 degrees abduction and flexion. The MTUS notes that these medicines are recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007). The MTUS further notes that most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). I did not see that this claimant had these conditions for which the medicine is effective. The request was appropriately non-certified under MTUS criteria.