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| Case Number: | CM15-0144088 | | |
| Date Assigned: | 08/05/2015 | Date of Injury: | 11/21/2013 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 07/14/2015 |
| Priority: | Standard | Application Received: | 07/24/2015 |

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 46 year old female, who sustained an industrial injury on November 21, 2013. She reported injuring her right shoulder by lifting a heavy box. The injured worker was diagnosed as having bilateral impingement syndrome, status post right shoulder arthroscopy April 1, 2015, and diabetes mellitus type II non industrial related. Treatments and evaluations to date have included chiropractic treatments, right shoulder surgery, home exercise program (HEP), x-rays, cortisone injection, and medication. Currently, the injured worker reports right shoulder pain and left shoulder pain. The handwritten Primary Treating Physician's report dated June 30, 2015, noted the injured worker reported the right shoulder pain had improved with surgery and rehab, having completed twelve rehab sessions. Physical examination was noted to show the right shoulder with increased range of motion (ROM) and decreased pain, mild tenderness in the distal clavicle, and continued decreased strength in the right shoulder. The treatment plan was noted to include prescriptions for Prilosec, Flector patches, and Tramadol, with requests for twelve additional rehab therapy visits, and increased home exercise program (HEP) for the right shoulder. The injured worker was noted to be able to return to modified work as of June 30, 2015. The chiropractic treatment note dated June 22, 2015, noted as the twelfth visit, noted no change in the cervical active range of motion (ROM), a decrease of flexion in the right shoulder from 144 degrees on June 17, 2015, to 129 degrees, and a slight improvement in right grip strength. The assessment was noted to include the injured worker completing twelve treatments with a slight decrease in active range of motion (ROM) flexion related to her increased inflammation, possibly due to her increased activity at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Rehab Therapy Visits for the Bilateral Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 11, 26-27.

Decision rationale: The MTUS Postsurgical Treatment Guidelines notes that "if postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The injured worker was noted to have undergone twelve rehabilitation visits following a right shoulder arthroscopy with partial labrectomy, debridement of the rotator cuff, partial claviclectomy-Mumford procedure, partial acromionectomy, and resection of the coracoacromial ligament for right shoulder impingement syndrome, calcified infraspinatus tendinitis and superior labral tear on April 1, 2015. The injured worker received twelve chiropractic treatments from April 24, 2015 through June 22, 2015, with the injured worker reporting improvement in the right shoulder pain. The documentation provided included chiropractic treatment progress notes that identified the injured worker using her right arm more to complete home chores such as washing dishes and laundry, with increased pain, and a slight decrease in her right shoulder flexion related to increased inflammation possible due to the increased activity at home. The injured worker's assessment of the long term goal achievements included reaching 75% of the goal of increased range of motion (ROM) to within normal limits, 60% of the goal to increase strength and endurance, allowing her to perform normal job duties, and 60% of the goal to decrease pain to a manageable low level, with a good rehab potential. The physician noted the injured worker with increased range of motion (ROM) and decreased pain in the right shoulder, with the injured worker able to return to modified work duties. The physician requested an additional twelve rehab visits for the shoulders. The guidelines recommend 24 visits over 14 weeks, with the postsurgical physical medicine treatment period 6 months for shoulder impingement syndrome. Per the guidelines, additional chiropractic visits are an option if there was functional improvement after an initial course of chiropractic therapy. The documentation provided includes sufficient evidence of functional improvement after the treatment to date. Functional improvement is evident by improvement noted in her ability to perform chores at home and return to work with modified duties. The current prescription of twelve additional chiropractic visits is within the quantity recommended by the guidelines. Therefore, based on the guidelines, the documentation provided supports the medical necessity of the request for 12 rehab therapy visits for the bilateral shoulders. The request is medically necessary.

60 Tabs of Tramadol 50 MG: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Guidelines define functional improvement as "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." On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and use of drug screening with issues of abuse, addiction, or poor pain control. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines note to continue opioids when the injured worker has returned to work, and if the injured worker has improved functioning and pain. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The injured worker was noted to have been prescribed Tramadol since March 2015, without documentation of objective, measurable improvement in the injured worker's pain, function, ability to perform specific activities of daily living (ADLs), quality of life work status, or dependency on continued medical care with use of the Tramadol. The documentation did not include a pain assessment that included a quantitative or visual analog scale (VAS) of the injured worker's current pain, the least reported pain over the period since last assessment, average pain, and the intensity of pain after taking the Tramadol, how long it takes for pain relief, or how long the pain relief lasts. The treating physician's request did not include the directions for use, and as such, the prescription is not sufficient. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for 60 tabs of Tramadol 50mg. The request is not medically necessary.

30 Tabs of Prilosec 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the

elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "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." The guidelines noted that co-therapy with a non-steroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). The guidelines are specific regarding the risk factors of history of peptic ulcer or GI bleeding or perforation, not just a GI history which could include many other GI issues. Prilosec is a proton pump inhibitor used to treat excess stomach acid. The injured worker was noted to be prescribed the Prilosec since February 2015, with the physician noting the injured worker denying any gastrointestinal (GI) symptoms such as reflux, constipation, or abdominal pain. The injured worker was prescribed a non-steroid anti-inflammatory drug (NSAID) in February 2015, however no further prescription noted after that date. The injured worker was prescribed a topical medication with the active ingredient of a non-steroid anti-inflammatory drug (NSAID), however there was no documentation provided that indicated the injured worker was at risk for a gastrointestinal (GI) event as she was 46, without a documented history of a peptic ulcer or gastrointestinal (GI) bleed, nor was she prescribed concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose or multiple NSAIDS. The documentation provided did not include physician documentation of the efficacy of the Prilosec. Therefore, based on the guidelines the documentation provided did not support the medical necessity of the request for 30 tabs of Prilosec 20mg. The request is not medically necessary.

30 Flector Patches 1.3 Percent: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Flector patch (diclofenac epolamine).

Decision rationale: The MTUS is silent on Flector patches. The Official Disability Guidelines (ODG) notes the Flector patch (diclofenac epolamine) is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile with diclofenac, including topical formulations. "Flector patch is FDA indicated for acute strains, sprains, and contusions. On 12/07/09 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. Post marketing surveillance has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Physicians should measure transaminases periodically in patients receiving long-term therapy with diclofenac. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of

short duration". These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector patch efficacy beyond two weeks. The documentation provided did not identify the injured worker with osteoarthritis, or an acute strain, sprain, or contusion. The injured worker was noted to have been taking the Flector patch since at least February 2015, without documentation of monitoring of transaminases, or objective, measurable improvement in the injured worker's pain, function, and ability to perform specific activities of daily living (ADLs), work status, or dependency on continued medical treatment with use of the Flector patches. The treating physician's request did not include the site of application, or directions for use, and as such, the prescription is not sufficient. Therefore, based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for 30 Flector Patches 1.3 percent. The request is not medically necessary.