

Case Number:	CM15-0182271		
Date Assigned:	09/23/2015	Date of Injury:	02/14/2013
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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:

This is a 41 year old female with a date of injury of February 14, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, cervical radiculopathy, right shoulder sprain, thoracic sprain, lumbar sprain, bilateral knee sprain, cervical disc degeneration, lumbar disc degeneration, and small partial thickness tear of the right shoulder. Medical records dated June 30, 2015 indicate that the injured worker complains of neck pain, lower back pain, and right shoulder pain, pain rated at a level of 10 out of 10 at times and 5 out of 10 with medications, lower back pain radiating to the bilateral legs, and right shoulder pain radiating to the right hand with numbness, tingling, and weakness of the right hand. A progress note dated September 1, 2015 notes subjective complaints of neck pain radiating to the right shoulder, elbow, wrist and hand that is worse with therapy, going up to a level of 9 out of 10, and lower back pain that goes up to 9 out of 10. The physical exam dated June 30, 2015 reveals stiffness and tightness at the cervical paravertebrals and trapezius, right rotation somewhat restricted and painful but improved since last visit, tenderness at the acromioclavicular joint of the right shoulder as well as the subacromial space, shoulder abduction of 160 to 170 degrees before pain, positive Neer's and Hawkins on the right, tenderness at L4-5 and L5-S1 on deep palpation as well as bilateral posterior superior iliac spine, slightly restricted extension of the lumbar spine with pain, hamstring tightness with straight leg raising, and tenderness of the medial joint line worse on the left. The progress note dated September 1, 2015 documented a physical examination that showed no changes since the examination conducted on June 30, 2015. Treatment has included physical therapy and

medications (Motrin 800mg twice a day and Prilosec 20mg twice a day since at least January of 2015). The original utilization review (September 9, 2015) non-certified a request for Prilosec 20mg #60, Lenza patch #30, Motrin 800mg #60, and an orthopedic consultation for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Prilosec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec 20mg #60 is not medically necessary per guidelines.

Lenza patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation www.drugs.com/otc/121875/lenzapatch.html.

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Lenza Patch is a compounded medication consisting of Lidocaine HCL 4.00% and Menthol 1.00%. MTUS provides no evidence recommending the use of topical Menthol. MTUS guidelines further state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Lenza patch #30 is not medically necessary by MTUS.

Motrin 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Motrin 800mg #60 is not medically necessary.

Orthopedic consultation for the right shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6 Independent Medical Examinations and Consultations, (pages 127, 156).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: MTUS states that a referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is functional recovery and return to work. The injured worker complains of chronic right shoulder pain. Chart documentation indicates a right shoulder MRI dated 12/5/14 revealed Labrum tear. Not having reached maximum medical therapy at the time of the request under review, the request for Orthopedic evaluation is appropriate. The request for Orthopedic consultation for the right shoulder is medically necessary.