

Case Number:	CM15-0182480		
Date Assigned:	09/23/2015	Date of Injury:	03/12/2012
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 3-12-12. The medical records indicate the injured worker is being treated for rotator cuff sprain-strain, adhesive capsulitis of the shoulder, and lack of coordination. The evaluating physician noted that the injured worker had previous cortisone injections, physical therapy and left shoulder arthroscopic subacromial decompression with excision of CA ligament on 8-13-12. She continued to have significant pain and stiffness and returned to modified work duties. She reported pain with activities of daily livings such as dressing herself and combing her hair. On physical examination the injured worker's left shoulder had 60% active and 70% passive range of motion with a 30-35 degree internal rotation contracture. In the supine position forward flexion was limited to 150 degrees and abduction at 90 degrees of abduction with external rotation and internal rotation at 30 degrees with pain at the endpoints. She had painful arc of motion abduction greater than forward flexion. MRI of the left shoulder on 4-10-14 revealed increased supraspinatus and infraspinatus tendinosis with possible partial thickness bursal tearing of the supraspinatus tendon and contracture of the rotator cuff interval consistent with adhesive capsulitis. The porters report dated April 2, 2015 indicates that over-the-counter medications alleviate her pain but she does have some gastritis with taking NSAIDs. A request for authorization for Naproxen Sodium 550 mg #120, Omeprazole 20 mg #60, Compound cream of flurbiprofen 15%, cyclobenzaprine 3%, Capsaicin .0375%, menthol 2%, camphor 1% 120 grams #2, and left shoulder physical therapy #12 was received on August 21, 2015. On August 27, 2015, the Utilization Review physician determined Naproxen Sodium 550 mg #120, Omeprazole

20 mg #60, Compound cream of flurbiprofen 15%, cyclobenzaprine 3%, Capsaicin .0375%, menthol 2%, camphor 1% 120 grams #2 was not medically necessary and modified left shoulder physical therapy #12 to left shoulder physical therapy #6 based on CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #120: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits. Additionally, no intolerable side effects were reported that could not be addressed with PPI medication. As such, the currently requested Naproxen is medically necessary.

Omeprazole 20mg #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it does appear that the patient is having stomach irritation from anti-inflammatory medication. As such, the currently requested omeprazole (Prilosec) is medically necessary.

Compound: Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375% Menthol 2% Camphor 1% 120g #2: 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 rationale: Regarding the request for Compound: Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375% Menthol 2% Camphor 1% 120g #, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Compound: Flurbiprofen 15%, Cyclobenzaprine 3%, Capsaicin 0.0375% Menthol 2% Camphor 1% 120g #2 is not medically necessary.

6 sessions of physical therapy, left shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it does not appear that the patient has had any recent physical therapy. There is documentation of objective functional deficits which may be amenable to treatment with physical therapy. As such, a 6 visit trial of therapy is indicated. Of course, additional therapy would require documentation of objective functional improvement to support ongoing use. As such, the current request for physical therapy is medically necessary.