

Case Number:	CM15-0185255		
Date Assigned:	09/25/2015	Date of Injury:	01/31/2002
Decision Date:	11/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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:

This is a 71 year old female with a date of injury on 1-31-2002. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of shoulder, rotator cuff syndrome of shoulder and pain in joint of lower leg. Medical records (4-20-2015 to 8-19-2015) indicate ongoing right shoulder pain. She also complained of pain across her lower back radiating to her legs. She reported that pain medication was helping both pain and function. She reported no change in the nature or quality of the pain. Per the treating physician (8-19-2015), the injured worker was working full time. The physical exam (4-20-2015 to 8-19-2015) revealed tenderness to palpation of the lumbar paraspinals and the right shoulder joint line. Treatment has included right glenohumeral injection (4-12-2014) with good relief for one week; trigger point injections, lumbar epidural steroid injection in 2005 with minimal relief and medications including Diclofenac and Tranxene since at least 7-8-2014. Current medications (8-19-2015) included Prilosec, Tranxene, Norco, Senokot, Promolaxin, Diclofenac, Cyclobenzaprine, Naproxen Sodium and Terocin patches. The original Utilization Review (UR) (8-31-2015) denied requests for a right shoulder injection, Diclofenac, Clorazepate and a lumbar orthosis. UR approved a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-corticosteroid injections, shoulder.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. I am reversing the previous utilization review decision. Right shoulder injection is medically necessary.

Diclofenac: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%.Diclofenac is not medically necessary.

Clorazepate: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Clorazepate is not medically necessary.

Lumbar orthosis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Activity.

Decision rationale: According to the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Based on the patient's stated date of injury, the acute phase of the injury has passed. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Lumbar orthosis is not medically necessary.