

Case Number:	CM15-0194315		
Date Assigned:	10/08/2015	Date of Injury:	07/02/2010
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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: Massachusetts

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 68 year old male, who sustained an industrial injury on 7-2-10. The injured worker was diagnosed as having disorders of the bursae and tendon of the shoulder region, unspecified. Treatment to date has included status post right shoulder arthroscopy (4th surgery) (1-15-15); physical therapy; medications. Currently, the PR-2 notes dated 8-14-15 indicated the injured worker reports he finished physical therapy and it helped a lot and continuing with home exercise program. He reports less pain in the right shoulder with no radiation to the right arm generally but more pain at times. Other PR-2 notes dated 4-24-15 indicate the injured worker is a status post right shoulder arthroscopy (4th surgery) on 1-15- 15. The provider documents "The pain is associated with no numbness in the right arm and tingling and weakness in the right arm and right hand. The pain is frequent in frequency and moderate in intensity. On a scale of 0 to 10 (when 0 is no pain and 10 is the worst pain), he rates the severity of the pain as 6+, but as 2 at its best and 8 at its worst. His average level of pain in the last seven days is 5." The injured worker describes his pain as dull, aching with muscle pain. The pain is aggravated by reaching, crawling doing exercises, lying down, and pushing shopping cart and leaning forward. The pain is reported to be relieved with rest, medication, application of ice, and relaxing. The provider documents "The patient states that the pain in his arms is 100% of his pain." The documentation notes the injured worker avoids physical exercising, performing household duties, participating in recreation, driving and doing yard work or shopping due to pain. On physical examination, the provider documents "Examination of the cervical spine reveals range of motion is full in all planes of the cervical spine. Examination of the right

shoulder reveals range of motion to forward flexion is 140 degrees, abduction is 130 degrees, external rotation is 70 degrees, internal rotation is 55 degrees, and extension is 25 degrees. There is tenderness to palpation over the anterior aspect of the shoulder. There is negative Hawkins test. Negative drop arm test, negative Yergason's test and negative crossed arm adduction test. Examination of the left shoulder reveals normal shoulder examination. There is normal bulk and tone of all major muscle groups of the upper extremities. No atrophy is noted. Motor strength is 5 out of 5 and symmetrical throughout the bilateral upper extremities, except 4- out of 5 on the right shoulder flexion and abduction. There is diminished sensation in the right C5, C6 and C7 dermatomes of the upper extremities. Reflexes are symmetrical at 1+ out of 4 in the bilateral upper extremities." The provider treatment plan includes a request for acupuncture and medications. A PR-2 note dated 2-12-15 prescribed "Methylsalicylate 15% tid prn" as a topical analgesic and PR-2 dated 4-24-15 prescribed "LidoPro cream" for his right shoulder discomfort and GI side effects of oral medication. A Request for Authorization is dated 10-2-15. A Utilization Review letter is dated 9-3-15 and non-certified Methoderm 15.00% analgesic gel and Diclofenac XR 100mg po once daily #30. However, Utilization Review modified the certification for Acupuncture therapy, 2 times a week for 3-4 weeks to allow 4 sessions only. A request for authorization has been received for Acupuncture therapy, 2 times a week for 3-4 weeks ; Methoderm 15.00% analgesic gel and Diclofenac XR 100mg po once daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy, 2 times a week for 3-4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in July 2010 when, while working as an electrician, he slipped and fell on a wet and greasy kitchen floor landing on his right shoulder. Treatments have included for right shoulder surgeries, last done in January 2015. When seen, he had completed physical therapy which had helped and was continuing a home exercise program. He was having left shoulder pain and was not having radiating symptoms. Pain was rated at 2-8/10. Physical examination findings included decreased right shoulder range of motion and anterior shoulder tenderness. Impingement testing was negative. There was decreased right upper extremity sensation. Authorization was requested for up to eight acupuncture treatments, Methoderm, and extended release diclofenac. The claimant's past medical history includes hypertension and elevated cholesterol. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is over age 65. In this clinical scenario, guideline recommendations include prescribing either a nonselective NSAID medication and a proton pump inhibitor or a selective COX-2 medication. Prescribing Diclofenac without a proton pump inhibitor is not considered appropriate and cannot be accepted as being medically necessary. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, acupuncture would be an adjunct to the claimant's current home exercise program. However up to 8 treatments are being requested which is in excess of guideline recommendations and not considered medically necessary.

Menthoderm 15.00% analgesic gel: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in July 2010 when, while working as an electrician, he slipped and fell on a wet and greasy kitchen floor landing on his right shoulder. Treatments have included for right shoulder surgeries, last done in January 2015. When seen, he had completed physical therapy which had helped and was continuing a home exercise program. He was having left shoulder pain and was not having radiating symptoms. Pain was rated at 2- 8/10. Physical examination findings included decreased right shoulder range of motion and anterior shoulder tenderness. Impingement testing was negative. There was decreased right upper extremity sensation. Authorization was requested for up to eight acupuncture treatments, Menthoderm, and extended release diclofenac. The claimant's past medical history includes hypertension and elevated cholesterol. Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. In this case, the claimant has chronic pain and has only responded partially to other conservative treatments. The claimant has localized peripheral pain affecting the right shoulder that could be amenable to topical treatment. Generic medication is available and substitution would be expected. Over the counter salicylate topical medications are a first-line treatment. The request is medically necessary.

Diclofenac XR 100mg po once daily #30: Upheld

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

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

Decision rationale: The claimant sustained a work injury in July 2010 when, while working as an electrician, he slipped and fell on a wet and greasy kitchen floor landing on his right shoulder. Treatments have included for right shoulder surgeries, last done in January 2015. When seen, he had completed physical therapy which had helped and was continuing a home exercise program. He was having left shoulder pain and was not having radiating symptoms. Pain was rated at 2-8/10. Physical examination findings included decreased right shoulder range of motion and anterior shoulder tenderness. Impingement testing was negative. There was decreased right upper extremity sensation. Authorization was requested for up to eight acupuncture treatments, Menthoderm, and extended release diclofenac. The claimant's past medical history includes hypertension and elevated cholesterol. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is over age 65. In this clinical scenario, guideline

recommendations include prescribing either a nonselective NSAID medication and a proton pump inhibitor or a selective COX-2 medication. Prescribing Diclofenac without a proton pump inhibitor is not considered appropriate and cannot be accepted as being medically necessary.