

Case Number:	CM15-0199627		
Date Assigned:	10/19/2015	Date of Injury:	04/05/2010
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/09/2015

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, California
 Certification(s)/Specialty: Emergency 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 68 year old male, who sustained an industrial injury on 4-5-2010. Medical records indicate the worker is undergoing treatment for right rotator cuff syndrome and myofascial pain syndrome. A recent progress report dated 9-16-2015, reported the injured worker complained of right shoulder pain and spasm with right hand numbness with a pending right shoulder arthroscopy on 9-17-2015. Physical examination revealed positive right shoulder impingement, decreased sensation to the right hand and decreased right shoulder strength. Treatment to date has included physical therapy and medication management. On 9-15-2015, the Request for Authorization requested Voltaren XR 100mg, Omeprazole 20mg, Neurontin, Flexeril 7.5mg, Lidopro x4 and a Right shoulder injection with 5 cc of 1% Lidocaine and 40 mg Kenalog under ultrasound guidance. On 10-1-2015, the Utilization Review modified the request for Voltaren XR 100mg, Omeprazole 20mg and Neurontin to a one month supply and noncertified the request for Flexeril 7.5mg, Lidopro x4 and a Right shoulder injection with 5 cc of 1% Lidocaine and 40 mg Kenalog under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg 1 QD: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. Diclofenac, per the Official Disability Guidelines citation and other medical evidence, has one of the highest risk profiles of all the NSAIDs. It should not be the NSAID of first choice, yet this there is no apparent consideration of this fact by the treating physician and no monitoring of the inherent risks. And the treating physician is reporting gastritis, yet continues to prescribe diclofenac. For these reasons, ongoing use of diclofenac is not medically necessary.

Omeprazole 20 mg 1 QD/BID: Upheld

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

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

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Ranitidine is not medically necessary based on the MTUS.

Neurontin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: According to CA MTUS, gabapentin is an anti-epilepsy drug which has efficacy for diabetic neuropathy or post-herpetic neuropathy. It has also been considered a first line agent for neuropathic pain. There is not sufficient evidence to recommend the use of these mediations for the treatment of chronic non-specific, non-neuropathic axial low back pain. Ongoing use of these medications recommends "documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of

AEDs depends on improved outcomes versus tolerability of adverse effects." The IW does not have diabetic neuropathy or post-herpetic conditions. The documentation reports improvement of pain with the use of medications, but specific responses to individual medications is not noted in the record. Additionally, the request does not include dosing or frequency. Without this documentation, the request for gabapentin is not medically necessary in accordance with MTUS guidelines.

Flexeril 7.5 mg: Upheld

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): Cyclobenzaprine (Flexeril).

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 3 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency, duration or number to dispense. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Lidopro times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidopro is a topical ointment consisting of the ingredients capsaicin, lidocaine, menthol and methyl salicylate ointment. According to CA MTUS chronic pain guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. In addition, the request does not include the intended location or frequency of application. Without this information, the request is not medically necessary.

Right shoulder injection with 5 cc of 1% Lidocaine and 40 mg Kenalog under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Physical Examination, Initial Care.

Decision rationale: According the above ACOEM guideline, "Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and nonsteroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections." The IW is scheduled for surgery in the short term for the right shoulder. It is unclear why corticosteroid injection is being requested when there is pending surgery. Without the support of the documentation, the request is determined not medically necessary.