

Case Number:	CM15-0201820		
Date Assigned:	10/20/2015	Date of Injury:	03/24/2014
Decision Date:	12/29/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 31 year old male, who sustained an industrial injury on 3-24-2014. The injured worker was diagnosed as having disorders of bursae and tendons in shoulder region, unspecified, and unspecified derangement of joint, shoulder region. Treatment to date has included 6 physical therapy, 6 acupuncture sessions, and medications. The medications listed are Anaprox, Norco, Prilosec and cyclobenzaprine. Currently (7-27-2015 and 8-31-2015), the injured worker complains of sharp and burning right shoulder pain, rated 6-7 out of 10, and difficulty sleeping. No gastrointestinal complaints were noted. Function with activities of daily living was not described. He remained off work. Objective findings on 8-31-2015 noted right hand dominance, right shoulder range of motion 160 degrees abduction, 30 adduction, 40 extension, 70 external rotation, 140 flexion, and 70 internal rotation. The medical records note that Flexeril and Prilosec were prescribed since at least 5-2015. It was noted that the injured worker completed previously requested acupuncture and chiropractic sessions but the beneficial effects of these treatments was not specified in the records. It was noted that the most recent physical therapy treatment did not provide significant result. On 9-21-2015, Utilization Review non-certified requested acupuncture, 2x3, for the right shoulder, chiropractic, 2x3, for the right shoulder, Prilosec-Omeprazole DR 20mg #60, and Cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Medical History, Activity Modification, Summary, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Acupuncture.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Acupuncture treatments can be utilized for the treatment of musculoskeletal pain. The utilization of Acupuncture treatments is associated with the reduction in pain, decreased medication utilization and functional restoration. The records indicate that the patient had previously completed PT, chiropractic and Acupuncture sessions. There is no documentation of significant functional restoration following the last Acupuncture treatment sessions. The patient is also utilizing multiple pain medications. The guidelines recommend that patients proceed to a Home Exercise program after completion of supervised physical treatments program. The criteria for the Acupuncture 2X3 right shoulder was not met. Therefore, the request is not medically necessary.

Chiro 2 x 3, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder, Chiropractic Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the treatment of musculoskeletal pain. The utilization of physical / Chiropractic treatments is associated with the reduction in pain, decreased medication utilization and functional restoration. The records indicate that the patient had previously completed supervised PT and chiropractic sessions. There is no documentation of significant functional restoration following the most recent physical treatment sessions. The guidelines recommend that patients proceed to a Home Exercise program after completion of supervised physical treatments. The criteria for the Chiropractic treatment 2X3 right shoulder was not met. Therefore, the request is not medically necessary.

Prilosec/Omeprazole DR20mg #60: 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 (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, NSAIDs, Proton pump inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastritis in the elderly and patients with significant history of gastrointestinal disease. The records indicate that the patient is utilizing NSAIDs for pain management. There is no documentation of past history of NSAIDs induced complication or significant history gastrointestinal disease. The guidelines recommend that the utilization of NSAIDs be limited to the lowest possible dose for the shortest period to decrease the incidence of NSAIDs complication. The criteria for the use of Prilosec - omeprazole DR 20mg #60 was not met. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short-term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid analgesics, PT and exercise have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other medications. The records indicate that the duration of utilization of cyclobenzaprine had exceeded that guidelines recommended maximum period of 4-6 weeks. The criteria for the use of cyclobenzaprine 7.5mg #60 was not met. Therefore, the request is not medically necessary.