

Case Number:	CM15-0024901		
Date Assigned:	02/17/2015	Date of Injury:	04/20/2013
Decision Date:	05/01/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, Michigan

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:

The injured worker is a 39 year old male, who sustained an industrial injury on April 20, 2013. He has reported injury while unloading a truck. The diagnoses have included status post major fall, status post left shoulder surgery, status post left wrist surgery, left median neuropathy with possible left carpal tunnel syndrome, left chronic wrist pain with almost complete loss of range of motion of the wrist, left DeQuervain's disease, left 4th finger intrinsic tightness and left ulnar neuropathy Guyon's canal. Treatment to date has included surgery, occupational therapy and medications. Currently, the injured worker complains of a popping pain in the left shoulder with occasional locking, pain to the palmar aspect of the left forearm and irregular pain and discomfort in the left ring finger. He is unable to lift his left arm to shoulder level due to increased shoulder pain. When carrying a cup, he feels a gap on top of the right wrist with pain and lifting a gallon of milk produces pain in the left shoulder. On January 26, 2015, Utilization Review non-certified additional occupational therapy 2x week for 4 weeks for the left hand, Tramadol ER 150mg, Cyclobenzaprine 7.5mg, Omeprazole 20mg, Flurbiprofen 20% transdermal cream Cyclobenzaprine 10%-Gabapentin 10% cream, repeat MRI of the left shoulder and functional capacity evaluation, noting the CA MTUS and Official Disability Guidelines. On February 9, 2015, the injured worker submitted an application for Independent Medical Review for review of additional occupational therapy 2x week for 4 weeks for the left hand, Tramadol ER 150mg, Cyclobenzaprine 7.5mg, Omeprazole 20mg, Flurbiprofen 20% transdermal cream Cyclobenzaprine 10%-Gabapentin 10% cream, repeat MRI of the left shoulder and functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Occupational Therapy 2 times a week for 4 week for Left Hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 18-22.

Decision rationale: Per the MTUS/ PSTG, Occupational / physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For arthropathy unspecified, post surgical treatment, arthropathy/fusion, wrist /finger: 24 visits over 8 weeks, post surgical physical medicine period 4 months. A review of the injured workers medical records reveal that he has multiple complex wrist and finger issues and he is status post left wrist surgery with almost complete loss of range of motion in the wrist, based on his clinical presentation additional Occupational Therapy 2 times a week for 4 week for Left Hand is medically necessary.

Tramadol ER a150mg every 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

Decision rationale: The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. The maximum dose of tramadol is 300 mg per day, the request for tramadol ER 150 mg every 4 hours exceeds the recommended daily maximum and is not medically necessary.

Cyclobenzaprine 7.5mg 3 a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Regarding the request for cyclobenzaprine, the MTUS recommends a short course of this medication as an option in the management of chronic pain. The effect of cyclobenzaprine is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The patient does not appear to be a candidate for continued use of cyclobenzaprine. Continued use of cyclobenzaprine would not fall within guideline recommendations and would put the patient at increased risk for adverse effects. Therefore, the request for cyclobenzaprine 7.5mg 3 a day is not medically necessary.

Omeprazole 20mg every day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptom & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPIs are recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011). A review of the injured workers medical records that are available to me do not reveal that the injured worker is at increased risk for gastrointestinal events and therefore the request for omeprazole 20 mg everyday is not medically necessary.

Flurbiprofen 20% transdermal cream, Cyclobenzaprine 10%-Gabapentin 10% transdermal cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not recommended for topical use and there is no evidence for use of any muscle relaxant as a topical product. A review of the injured workers medical records do not show a failed trial of other recommended first line medications and the compounded product contains more than one drug that is not recommended therefore the request for Flurbiprofen 20% transdermal cream, Cyclobenzaprine 10%-Gabapentin 10% transdermal cream is not medically necessary.

Repeat MRI Left shoulder (post-operative MRI 5/12/14, IW P&S after MRI reviewed on 5/19/2014): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-210.

Decision rationale: Per ACOEM, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. For patients with limitations of activity after four weeks and unexplained physical findings such as effusions or localized pain especially following exercise, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. A review of the injured workers medical records that are available to me show that he is status post left shoulder surgery and he is now having increasing pain with worsening limitation of range of motion in his left shoulder which would warrant additional imaging to clarify the diagnosis and therefore based on his current clinical presentation the request for repeat MRI of the left shoulder is medically necessary.

Functional Capacity Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty/Functional capacity evaluation.

Decision rationale: The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: "Prior unsuccessful RTW attempts". Conflicting medical reporting on precautions and/or fitness for modified job". Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance. Based on the goals for the FCE described in the injured workers medical records and the guidelines the request for Functional Capacity Evaluation is medically necessary.