

Case Number:	CM15-0038862		
Date Assigned:	03/09/2015	Date of Injury:	06/14/2006
Decision Date:	04/13/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 53-year-old male, who sustained an industrial injury on June 14, 2006. He reported an injury when his right hand wrapped around a strap and a brake released causing him to be pulled up by his arm. The injured worker was diagnosed as having right rotator cuff repair. Treatment to date has included right shoulder open coracoid transfer/stabilization procedure on April 25, 2012, right arm musculocutaneous nerve neuroplasty with microsurgical internal neurolysis, microdissection of the thoracoacromial artery, and right shoulder open brachial plexus nerve debridement on February 20, 2013. Electromyography on June 10, 2014, demonstrated focal neuropathy of the right median nerves at the wrist with a moderate case for right carpal tunnel syndrome. An MRI of the right shoulder revealed solid bone incorporation following Latarjet procedure; an absent labrum; and superior glenoid rim ossific spurring following SLAP repair, while the long head biceps tendon is attenuated following biceps tenodesis and supraspinatus, infraspinatus and subscapularis tendinosis. He has received physical therapy to the right shoulder and trigger point injections, of which he reported 60% pain improvement for one week. Currently, the injured worker complains of increasing sharp posterior deltoid pain and locking up of the shoulder and spasms. The injured worker reports that he is taking Percocet four per day, Dilaudid 10 mg as needed, and Lyrica, which he finds to be not as helpful. He reports that the Lyrica wears off after six hours or so. On February 12, 2015, Utilization Review non-certified Duexis 800 mg #90, Flexeril 10 mg #60, and a retrospective request for one trigger point injection into trap, based on the CA MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duexis 800mg #90 (01/27/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Duexis (ibuprofen & famotidine).

Decision rationale: Per the cited ODG, Duexis (ibuprofen & famotidine) is not recommended as a first-line medication due to less benefit with higher cost. According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as omeprazole 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. Therefore, the request for Duexis 800 mg #90 is not medically necessary and appropriate.

Flexeril 10mg, #60 (01/27/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 41-42 and 64.

Decision rationale: Per the cited MTUS guideline, cyclobenzaprine is recommended only for a short course of treatment and is not recommended for chronic use. In general, the medication is not recommended for use beyond two to three weeks per treatment period, and may be most beneficial only in the first four days. Recent treating physician notes state the injured worker has had improvement in pain with medications. However, due to the chronicity of use, the request for cyclobenzaprine 10 mg #60 is not medically necessary per the MTUS guidelines.

Retrospective: One Trigger point Injection into trap (DOS 01/27/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to the cited MTUS guideline, trigger point injections are recommended for myofascial pain syndrome, but not for use in radicular pain. There are multiple criteria for the use of trigger point injections, to include the documentation of the trigger points

with evidence upon palpation of twitch response with referred pain, and the symptoms must have been present for greater than three months. Although the treating physician sent a memorandum on 3/4/2015, stating that the injured worker had a trigger point in his trapezius, which had minimal relief from the injection on 1/27/2015, previous documentation did not clearly meet criteria per the MTUS. Therefore, the retrospective request for one trigger point injection in the trapezius (DOS 1/27/2015) is not medically necessary.