

Case Number:	CM15-0051797		
Date Assigned:	03/25/2015	Date of Injury:	08/19/2012
Decision Date:	05/07/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 42 year old female who has reported back and shoulder pain after falling on 08/19/2012. The diagnoses have included myofascial pain syndrome, left subacromial bursitis, lumbar spondylosis and lumbar radiculopathy. Past medical history includes hypertension and asthma. Treatment to date has included oral pain medication, trigger point injections, application of ice and physical therapy. The agreed medical examination (AME) on 8/24/14 stated that prior shoulder injection had "slight benefit." The AME stated that the injured worker did not return to work after later 2012. Per the AME records, the treating physician in 2013 reported no benefit from a subacromial injection. A different treating physician provided a subacromial injection on 1/27/14. After that injection pain was 7-8/10 and "functionality" was 30% at the next office visit. The injured worker was referred to a university facility for further care after that. The treating physician reports during 2014 reflect ongoing left upper extremity pain, for which pain remains plateaued and not helped with any treatment. Gabapentin, tramadol, and Mobic were ongoing. Work status was stated to be modified but the actual capabilities or restrictions were not listed. Function was not addressed in any other way. Reports state that prior subacromial injection provided no relief or good relief. Per the PR2 of 02/04/2015, there was ongoing left upper extremity pain. "Symptoms are improved with nothing." Physical therapy was not helpful. A shoulder injection on 1/27/14 reportedly gave "good relief." Ongoing medications were tramadol, gabapentin, and Meloxicam. The lumbar range of motion was limited and the low back was tender. The shoulder was positive for the Hawkins and open can test. The treatment plan included physical therapy for the low back, left shoulder injection due to prior good benefit,

Voltaren gel, gabapentin, tramadol, meloxicam, lumbar epidural steroid injection, and light duty. The last urine drug screen on 1/7/15 was stated to be consistent. The actual result was negative for tramadol. The physical therapy was not specified with respect to content, goals, or function. On 2/25/15 Utilization Review certified gabapentin, partially certified tramadol, and non-certified meloxicam, Voltaren gel, physical therapy, and a shoulder injection. Note was made of the lack of benefit from prior medications and physical therapy. The results of a shoulder injection were unclear. The MTUS and the Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, quantity 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications. Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60,111-113,68,70.

Decision rationale: Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The intended body parts appear to be the shoulder and possibly the low back. This injured worker is already taking an oral NSAID, making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Blood pressures have been elevated in this injured worker with a history of hypertension, and this was not addressed. Diclofenac has an FDA warning for liver toxicity with recommendations for testing. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS and the blood pressure has not been addressed. This topical NSAID is not medically necessary based on the redundant NSAID prescribing, and prescription not in accordance with the MTUS and the FDA warnings.

Tramadol 50mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids, criteria for use; Weaning of Medications Page(s): 93-94; 78-80; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials. Tramadol Page(s): 77-81, 84, 80, 81, 60, 94, 113.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior

failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Drug testing is not random, as it occurs at the office visit. The drug test result was negative for tramadol, and this was not addressed by the treating physician. It is not clear that this injured worker even takes tramadol. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status is poorly addressed and it appears that the injured worker has never returned to work per the AME. This fails the "return-to-work" criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

Meloxicam 15mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-68; 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

Decision rationale: This injured was given an oral and topical NSAID, which is duplicative and unnecessary, as well as possibly toxic. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. This injured worker has a history of hypertension. Blood pressures have been elevated and this was not addressed. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS and the blood pressure has not been addressed. None of the reports address any specific and significant symptomatic and functional benefit from using meloxicam. This NSAID is not medically necessary based on the redundant NSAID prescribing, lack of benefit, and prescription not in accordance with the MTUS and the FDA warnings.

Left subacromial bursa injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: The MTUS, cited above, recommends shoulder injections as an option for pain with elevation and rotator cuff disorders. Injections are recommended when they are a part of an exercise rehabilitation program. The treating physician has not adequately addressed the results of the prior shoulder injections. Two prior injections were given and the records do not show that there was significant benefit. The treating physician has not described an exercise

rehabilitation program to be used in combination with the injection. The injection is not medically necessary based on lack of compliance with the MTUS recommendations as well as the lack of significant benefit from prior injections.

Physical Therapy 4 to 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9,98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. It appears from the reports that this physical therapy is intended to treat the low back. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of therapy. No medical reports identify specific functional deficits, or functional expectations for Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is possible that the therapy will use or even rely on passive modalities. Note that the MTUS recommends against therapeutic ultrasound and passive modalities for treating chronic pain. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the lack of a sufficient prescription.