

Case Number:	CM15-0237584		
Date Assigned:	12/14/2015	Date of Injury:	01/13/2015
Decision Date:	01/22/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/04/2015

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, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 19, 2015. In a Utilization Review report dated November 12, 2015, the claims administrator failed to approve requests for Tylenol No. 3, Relafen, and 6 sessions of physical therapy. The claims administrator referenced an October 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 21, 2015 office visit, the applicant reported multi-focal complaints of neck, shoulder, and elbow pain, 8/10. The applicant was using Relafen and Tylenol No. 3, both of which were seemingly renewed and/or continued, the attending provider reported. The applicant was no longer working and had last worked in April 2015, the attending provider reported. The attending provider stated that Relafen was "tolerable" but did not seemingly elaborate further. The attending provider noted that the applicant had difficulty performing activities of daily living to include lifting and carrying. The attending provider suggested the applicant had received a recent corticosteroid injection and suggested a course of physical therapy following the same. 160 degrees of flexion and abduction about the injured shoulder were reported. On an earlier note dated September 9, 2015, the attending provider stated that the applicant was using naproxen, Tylenol No. 3, and Neurontin. A corticosteroid injection was administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no. 3, po BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Tylenol No. 3, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, the attending provider acknowledged on the October 21, 2015 office visit in question. 8/10 pain complaints were reported on that date. Activities of daily living as basic as lifting and carrying remained problematic, the attending provider reported. All of the foregoing, taken together, argued against the applicant's having profited in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Relafen 500mg, po BID, 6 refills, #60: 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Relafen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Relafen do represent the traditional first-line treatment for various chronic pain conditions. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, the attending provider acknowledged on October 21, 2015, despite ongoing usage of Relafen. Ongoing usage of Relafen failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. Highly variable pain complaints were reported on October 21, 2015. Activities of daily living as basic as lifting and carrying remained problematic, the attending provider reported on that date. The attending provider did not clearly state, moreover, why he was seemingly prescribing the applicant with 2 separate NSAIDs in close temporal proximity together, namely Relafen on October 21, 2015 and naproxen on September 9, 2015. It was not clearly stated or established that Relafen was intended to replace

previously prescribed naproxen or whether the attending provider intended for the applicant to use the 2 NSAIDs in question concurrently. Therefore, the request was not medically necessary.

Physical therapy 2 times a week for 3 weeks to address LUE: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Finally, the request for 6 sessions of physical therapy was likewise not medically necessary, medically appropriate, or indicated here. Page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here. This recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed and are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment, and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, the attending provider did not clearly state why the applicant was incapable of performing self-directed physical medicine without the lengthy of formal course of treatment in question as of October 21, 2015. The applicant did seemingly retain well-preserved flexion and abduction to 160-degree range. Clear treatment goals were neither stated nor articulated. The fact that the applicant remained off of work as of the October 21, 2015 office visit in question, coupled with the applicant's continued reliance on opioid agents such as Tylenol No. 3, taken together, suggested that the applicant had effectively plateaued in terms of functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim through the date of the request, October 21, 2015. It did not appear likely that the applicant could stand to gain from further treatment, going forward. Therefore, the request was not medically necessary.