

Case Number:	CM13-0039895		
Date Assigned:	12/20/2013	Date of Injury:	05/02/2011
Decision Date:	02/27/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male officer for the [REDACTED] who sustained an injury while moving a motorcycle on 05/02/2011. He is currently working full duty. He currently has pain in his right shoulder, right upper arm, and neck. The patient has some catching and occasionally locking in his right shoulder with pain. The patient had arthroscopy and correction surgery on his right shoulder on 11/08/2011. He still has pain and stiffness with overhead activities and stiffness with reaching behind his back and pain with overhead movements. He is undergoing acupuncture once a week which is providing him with some relief. He is performing his home exercises and he states that he has noticed improvement with reaching behind his back although it still feels stiff. Medical record dated -09/26/13 [REDACTED]; PR2; SUBJECTIVE: Some catching and occasional locking in right shoulder with pain. OBJECTIVE: cervical and right shoulder tenderness, abduction 160 degrees. DIAGNOSIS: right shoulder tendinitis; and impingement with biceps tendinitis. Biceps tendon tear. Cervical sprain. PLAN: 1. Acupuncture 1-2/wk for 8 sessions, 2. Acetaminophen 325 mg 3. Celebrex 200 mg 4. Omeprazole 20 mg 5. Naproxen Sodium 550 mg 6. Pennsaid 1.5% transdermal Solution. Home exercise program. -09/26/13 DWC RFA; [REDACTED] Additional Acupuncture 1-2/wk for 8 sessions, the later was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Qty 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: According to medical records reviewed, this patient has had 4 previous sessions of acupuncture in January 2013. Per the ODG acupuncture guidelines noted below, acupuncture treatments may be extended if functional improvement is documented. There is no clear documentation of clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction in the dependency on continued medical treatment or medications. Therefore the request for an additional 8 sessions of acupuncture therapy is not medically necessary.

Celebrex 200mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2013)-Celebrex® (Celecoxib).

Decision rationale: This patient is on two NSAID medications (Celebrex and Naproxen) and the medical necessity of this therapeutic regimen is not established. Also, the guideline stated that es. COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. All NSAIDs have [REDACTED] Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. There is no rationale provided in the documentation submitted to support the medical necessity of concurrent use of two oral NSAIDs along with a topical NSAID. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) and none of these tests were performed based on the medical records reviewed. Therefore the request for Celebrex 200mg, Qty 60 is not medically necessary

Omeprazole 20mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs use, GI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2103) Proton Pump Inhibitors

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. This patient is taking two NSAIDs with documented GI distress symptoms; therefore the medical necessity for this GI protective medication has been established. Since NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, the previous UR reviewer modified the quantity to Omeprazole 20 mg #30 from Omeprazole 20mg #60; therefore the request for Omeprazole 20mg, Qty 60 is not medically necessary.

Naproxen Sodium 550mg, Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Pain (Chronic)(Updated 11/14/2014): Naproxen (Naprosyn®®, EC-Naprosyn®®, Anaprox®®, Anaprox DS®®, Aleve®® [otc], Naprelan®®).

Decision rationale: This patient is on two NSAID medications (Celebrex and Naproxen) and the medical necessity of this therapeutic regimen is not established. Also, the guideline stated that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications (which this patient has), but not for the majority of patients. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. All NSAIDs have [REDACTED] Warning for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. There is no rationale provided in the documentation submitted to support the medical necessity of concurrent use of two oral NSAIDs along with a topical NSAID. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests) and none of these tests were performed based on the medical records reviewed. Since the previous UR reviewer approved Celebrex 300mg #30, for this patient, Naproxen 550 mg qty #30 is not medically necessary.

Pennsaid 1.5% Transdermal Solution (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) -TWC-Pain (Chronic) (Updated 11/14/2014)-Topical Analgesics-
Pennsaid® (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide).

Decision rationale: With respect to prescription of Pennsaid® (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide), it is not recommended as a first-line treatment, besides, this patient is on two other NSAID medications (Celebrex and Naproxen), and there is no documentation of their ineffectiveness. Also the guideline does not support the use of Diclofenac in a concentration greater than 1%. Therefore, the request for Pennsaid® (diclofenac topical solution 1.5% containing 45.5% dimethyl sulfoxide) with a diclofenac concentration of 1.5% is not medically necessary.