

Case Number:	CM14-0130574		
Date Assigned:	08/20/2014	Date of Injury:	01/15/2011
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 56-year-old male who reported injury on 01/15/2011. The mechanism of injury was not submitted for review. The injured worker has diagnosis of chronic right shoulder pain. Medical treatment consists of physical therapy, manual therapy, hot/cold packs, and medication therapy. Medications include cyclobenzaprine, OxyContin, Taclonex, Voltaren, omeprazole, Pantoprazole, Tadalafil, Ondansetron, Vardenafil, Pseudoephedrine, Diflorasone Diacetate, alprazolam, Carisoprodol, hydrocodone/acetaminophen, zolpidem, and Azithromycin. On 08/05/2014, the injured worker complained of shoulder pain. The physical examination revealed a positive Neer's bilateral upper extremities, negative Hawkins bilateral upper extremities. The injured worker had tenderness to palpation at the biceps tendon. It was also noted that the injured worker had decreased range of motion. The injured worker underwent shoulder surgery to the right. Treatment plan is for the injured worker to continue physical therapy and continue medication therapy. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector[®] patch (diclofenac epolamine).

Decision rationale: The request for Flector patch is not medically necessary. According to the Official Disability Guidelines, Flector patches are not recommended as a first line treatment. In 12/2009, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. These types of medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. In addition, there is no data that substantiates Flector efficacy beyond 2 weeks. As Flector patches are not recommended by the Official Disability Guidelines, the Flector patches would not be indicated. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Furthermore, the provider did not provide a rationale for the medication. As such, the request for Flector patch is not medically necessary.

Ambien 10mg #30 with 5 refills prescribed 7/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Ambien).

Decision rationale: The request for Ambien 10 mg is not medically necessary. The Official Disability Guidelines indicate that Ambien is a prescription short acting nonbenzodiazepine hypnotic, appropriate for short term treatment of insomnia, generally 2 to 6 weeks. The request as submitted is for Ambien 10 mg with a quantity of 30 with 5 refills which totals 5 months. The Official Disability Guidelines state the length of this medication should be for short term, generally 2 to 6 weeks, exceeding the recommended guidelines. Furthermore, the efficacy of the medication was not documented in the submitted report. Given the above, the injured worker is not within the ODG criteria. As such, the request for Ambien 10 mg is not medically necessary.

Zithromax Z Pak 250mg 1 packet prescribed 7/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pulmonary Chapter, Antibiotics

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Antibiotics (Zithromax).

Decision rationale: The request for Zithromax is not medically necessary. The Official Disability Guidelines do not recommend antibiotics for most acute, chronic or post infectious

coughs unless the cough is determined to be part of the bacterial infection. The guidelines recommend Zithromax as a first line treatment of chronic bronchitis and lower respiratory infection. In the submitted documentation, the injured worker complained of shoulder pain. On physical examination, the injured worker was noted to have no abnormal findings. It was also noted that the injured worker had bilateral breath sounds with no wheezing or rhonchi. There was a lack of documented evidence to indicate that the injured worker had signs or symptoms suggestive of a respiratory infection. Additionally, the provider failed to submit a rationale of the medical necessity of Zithromax. Given the above, the use of Zithromax has not been established at this time. As such, the request for Zithromax is not medically necessary.