

Case Number:	CM14-0138373		
Date Assigned:	09/05/2014	Date of Injury:	08/20/2007
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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 Nevada. 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on August 20, 2007. The mechanism of injury was noted as placing books on a shelf. The most recent progress note, dated July 9, 2014, indicated that there were ongoing complaints of right shoulder pain. The progress note was handwritten and largely illegible and instructed the reviewer to refer to a separate physical exam sheet, which was not included. A progress note from June 2014 noted improving range of motion and 4/5 muscle strength. It is unclear which joint this was referring to. Diagnostic imaging studies were not included for review. Previous treatment included right shoulder arthroscopy in February 2014, with rotator cuff repair, subacromial decompression, distal clavicle resection, and debridement of labrum, as well as physical therapy and a home exercise program. Requests have been made for 12 additional sessions of physical therapy, a prescription for Medrox pain relief ointment with two refills, a prescription for Celebrex 100 mg, and another prescription for cylcobenzaprine 5 mg, # 60 tablets, and were not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS guidelines support postsurgical physical therapy and recommend a maximum of 24 visits over 14 weeks within 6 months of arthroscopic shoulder surgery. The claimant underwent 24 sessions of physical therapy after having arthroscopic surgery in February 2011, and continues to complain of left shoulder pain. Guidelines do not support additional physical therapy when there is no significant improvement and there does not appear to be exceptional factors that would warrant deviation from the guidelines noted in the guidelines presented for review. As such, this request is not considered medically necessary.

Medrox pain relief ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. While Medrox pain relief ointment does contain capsaicin, it also contains menthol and methyl salicylate. Per the MTUS guidelines, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for Medrox pain relief ointment is not medically necessary.

Celebrex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70 of 126..

Decision rationale: California guidelines support the use of Celebrex in selected clinical settings of acute pain and in conditions for which NSAIDs are recommended when the claimant has a risk of G.I. complications. The medical record provides clinical data to support a diagnosis of chronic pain. There is no documentation in the record of gastritis or any other risk factor. In the absence of documentation of risk factors to identify the claimant to be at high risk, the use of this medication in the setting of chronic pain would not be supported by the guidelines. Therefore, this request is recommended for non-certification.

60 Cyclobenzaprine 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 30, 70 of 126..

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, there is no objective data that would support the use of this medication. The parameters noted within the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.