

Case Number:	CM14-0217716		
Date Assigned:	01/07/2015	Date of Injury:	06/10/2010
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female who sustained a work related injury on June 10, 2010 to the left shoulder. No mechanism of injury was disclosed in the review. The injured worker underwent a left shoulder rotator cuff repair, subacromial decompression, distal clavicle resection and extensive debridement of superior labrum, degenerative type I SLAP tear on October 8, 2014 followed by physical therapy and routine medications. The patient continues to experience numbness/tingling into her left arm with a burning sensation. According to the primary treating physician's progress report on December 4, 2014 examination of the left elbow demonstrated positive Tinels, subluxation of ulnar nerve with decreased sensation at the ulnar nerve distribution. Current medications consist of Ultram, Prilosec, Neurontin, Fexmid and Lidoderm patches. The injured worker is on temporary total disability (TTD). The physician requested authorization for additional Physical Therapy 2 times a week for 4 weeks; Fexmid 7.5mg 1 twice a day, Lidoderm patches 5% #30, Prilosec 20mg 1 once a day #30. On December 23, 2014 the Utilization Review denied certification for additional Physical Therapy 2 times a week for 4 weeks based on previous physical therapy without documentation of functional improvement, Fexmid 7.5mg 1 twice a day, Lidoderm patches 5% #30 and Prilosec 20mg 1 once a day #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Physical Medicine Guidelines, Muscle Relaxants for Pain, Non-Steroidal Anti-Inflammatory Drugs (NSAID's) and Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic subacromial decompression and rotator cuff repair from 10/08/2014. The patient's work status is TTD and not working. The treater is requesting ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS; DETERMINATION DATE: 12/23/2014. The MTUS Postsurgical Guidelines pages 26 and 27 on acromioplasty recommends 24 visits over 14 weeks. The records do not show any physical therapy reports. The patient's surgery is from 10/08/2014 and postsurgical guidelines do apply. The UR letter dated 12/23/2014 notes that the patient has received 11 out of 12 visits of physical therapy recently. The 12/04/2014 report notes that the patient's left shoulder symptoms have begun to improve with postop therapy. She has some increased motions. There is some tenderness at the supraspinatus tendon. In this case, the requested 8 additional physical therapy when combined with the previous 12 that the patient has received is supported by the MTUS Postsurgical Guidelines. The request IS medically necessary.

Prilosec 20mg 1 once a day #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68-69.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic subacromial decompression and rotator cuff repair from 10/08/2014. The patient's work status is TTD and not working. The treater is requesting PRILOSEC 20 MG 1 Q.D. #30, DETERMINATION DATE: 12/23/2014. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: 1.) age > 65 years; 2.) history of peptic ulcer, GI bleeding or perforation; 3.) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4.) high dose/multiple NSAID e.g., NSAID + low-dose ASA. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records show that the patient was prescribed Prilosec on 03/12/2014. The documents note that the patient reports stomach pain, heartburn, and IBS. In this case, the patient does present with gastrointestinal issues, and the MTUS Guidelines support the use of PPIs. The requested IS medically necessary.

Fexmid 7.5mg 1 twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic subacromial decompression and rotator cuff repair from 10/08/2014. The patient's work status is TTD and not working. The treater is requesting FEXMID 7.5 MG 1 B.I.D. #60; DETERMINATION DATE: 12/23/2014. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants, Amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed Fexmid on 03/12/2014. In this case, the MTUS Guidelines do not support the long-term use of cyclobenzaprine. The request IS NOT medically necessary.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, lidoderm patches

Decision rationale: This patient presents with left shoulder pain. The patient is status post arthroscopic subacromial decompression and rotator cuff repair from 10/08/2014. The patient's work status is TTD and not working. The treater is requesting LIDODERM PATCHES 5% #30; DETERMINATION DATE: 12/23/2014. The MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records do not show a history of Lidoderm patch use. The 12/04/2014 report notes that the treater is requesting Lidoderm patches for the left supraspinatus and clavicle region. In this case, the patient does not present with localized neuropathic pain which is the criteria for use of Lidoderm patches. The request IS NOT medically necessary.