

Case Number:	CM15-0121634		
Date Assigned:	07/02/2015	Date of Injury:	04/01/2010
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 54 year old female injured worker suffered an industrial injury on 04/01/2010. The diagnoses included myofascial pain syndrome, cervical strain, bilateral rotator cuff syndrome, cervical radiculopathy in bilateral upper extremities and bilateral shoulder surgeries. The injured worker had been treated with surgeries and medications. On 6/1/2015, the treating provider reported some pain in the neck and bilateral shoulders especially with overhead activities. She was doing home exercise program 1 to 2 times a week. On exam there were bilateral shoulder impingement signs with spasms and decreased sensation in both hands with decreased range of motion of the neck and shoulders. The injured worker had not returned to work. The treatment plan included Omeprazole, Flexeril, Lidopro, Physical therapy for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tablet every day, prescribed on 06/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

Flexeril 7.5mg 1 tablet three (3) times per day, prescribed on 06/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the records indicate that Flexeril was prescribed on 9/20/2013, for an unclear length of time. There is no documentation that this patient had a documented benefit or any functional improvement from prior Flexeril use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Lidopro x4, prescribed on 06/01/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics Page(s): 105 and 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are

compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic compound, LidoPro cream, contains: Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that topical Lidocaine in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to other treatments. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.

Physical therapy 2x4, for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, physical therapy Page(s): 98, 99.

Decision rationale: According to ACOEM Guidelines, post-surgical physical medicine treatment frequency is dependent on the type of surgery performed. According to the CA MTUS guidelines, physical therapy (PT) is indicated for the treatment of shoulder pain. For most patients with shoulder pain, up to 10 visits are indicated as long as functional improvement and program progression are documented; and up to 30 visits over 18 weeks for post-surgical open treatment. For rotator cuff disorders, physical therapy can improve short-term recovery and long-term function. According to the ODG, PT guidelines, for post-surgical arthroscopic treatment is 24 visits over 14 weeks. In this case, the patient underwent a right shoulder arthroscopy on 10/31/2012. Post-operative PT was approved for 20 sessions, however, there was no documentation of whether the patient had utilized the visits. The patient underwent a left shoulder arthroscopy on 06/05/2013. Post-operative PT was approved, however, there was no documentation of whether the patient had utilized these visits. In this case, the patient had been approved for PT of both shoulders. However, there is no documentation of objective functional improvement with previous treatment. Functional improvement is defined as clinically significant benefit with regards to daily activities or work improvement documented during the patient's post-operative evaluations. In this case, the additional requested 8 sessions (2x4) of PT exceed the guideline recommendations. Medical necessity for the additional PT sessions has not been established. The requested services are not medically necessary.