

Case Number:	CM15-0176472		
Date Assigned:	09/25/2015	Date of Injury:	04/29/2013
Decision Date:	11/25/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/08/2015

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: Internal Medicine

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(n) 45 year old male, who sustained an industrial injury on 4-29-13. The injured worker was diagnosed as having left shoulder status post hemi arthroplasty and left shoulder contracture. The physical exam (4-17-15 through 6-26-15) revealed 3-5 out of 10 pain and left shoulder abduction is 90 degrees. Treatment to date has included a left shoulder arthroscopy on 12-4-14, physical therapy, acupuncture and Norco. Current medications include Tizanidine (started on 3-13-15), Lidocaine patch (since at least 6-26-15), Ibuprofen, Diclofenac (since at least 2-13-15) and Omeprazole (since at least 2-13-15). As of the PR2 dated 7-31-15, the injured worker reports continued pain in his left shoulder. He rates his pain 4-6 out of 10. Objective findings include left shoulder pain at abduction of approximately 95 degrees and internal rotation is 90 degrees. The treating physician requested Tizanidine 4mg #40, Lidoderm patch 5% #30, continued acupuncture 2-3 x weekly for 6 weeks, Diclofenac XR 100mg #60 and Omeprazole 20mg #60. The Utilization Review dated 8-18-15, non-certified the request for Tizanidine 4mg #40, Lidoderm patch 5% #30, continued acupuncture 2-3 x weekly for 6 weeks, Diclofenac XR 100mg #60 and Omeprazole 20mg #60 and certified the request for Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter: Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. The injured worker complains of ongoing left shoulder pain. Documentation fails to indicate clinical findings of muscle spasm or significant improvement in the injured worker's pain with the use of Tizanidine. The request for Tizanidine 4mg #40 is not medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Physician reports fail to demonstrate the injured worker has a diagnosis that meets the criteria for the recommended use of Lidoderm patch. The request for Lidoderm 5% patch #30 is not medically necessary by lack of meeting MTUS criteria.

Continued acupuncture 2-3/6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter: Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: Per MTUS, Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It is only recommended when used as an adjunct to active physical rehabilitation and/or surgical intervention to hasten functional recovery and treatments may be extended if functional improvement is documented. The injured worker complains of chronic left shoulder pain managed to date with multiple treatment modalities, including surgery, acupuncture and physical therapy. Given that the injured worker has completed an initial course of acupuncture and there is no report of significant objective improvement in physical function or exceptional factors, medical necessity for additional acupuncture has not been established. Per guidelines, the request for 12 sessions of acupuncture is not medically necessary.

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of acute exacerbation or significant objective improvement in pain on current medication regimen, which includes Ibuprofen. With MTUS guidelines not being met, the request for Diclofenac XR 100mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Omeprazole. The request for Omeprazole 20mg #60 is not medically necessary per guidelines.