

Case Number:	CM15-0178618		
Date Assigned:	09/18/2015	Date of Injury:	08/08/2006
Decision Date:	12/03/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female who sustained an industrial injury on 8-8-06. The injured worker reported pain in the back, bilateral shoulders and right wrist. A review of the medical records indicates that the injured worker is undergoing treatments for bilateral shoulder pain, lumbar radiculopathy, right wrist pain, right radial styloid tenosynovitis, left sacroiliac pain and left hip bursitis. Medical records dated 8-27-15 indicate pain rated at 5 out of 10 at its best and 7 out of 10 at its worst. Provider documentation dated 8-27-15 noted the work status as "currently not working as she is already retired." Treatment has included bilateral shoulder magnetic resonance imaging, radiographic studies, acupuncture treatment, status post right shoulder surgery, lumbar spine magnetic resonance imaging, injection therapy, right wrist magnetic resonance imaging, Duexis, and Lidocaine Patch. Objective findings dated 8-27-15 were notable for tenderness to palpation to the left posterior superior iliac spine and left greater trochanteric bursa with decreased lumbar range of motion, tenderness to palpation to the right acromioclavicular joint, coracoid process and bicipital groove, as well as the right ulnar wrist. The treating physician indicates that a urine drug testing was "completed in clinic." The original utilization review (9-9-15) denied a request for magnetic resonance imaging arthrogram of the right shoulder, Physical therapy 2 times a week times 3 weeks, Acupuncture times 6 visits, Lidoderm 5%, apply 1-2 patches for 12 hours on and 12 hours off to skin for pain every day as needed quantity of 60, and Duexis 800 milligrams - 26.6 milligrams 1 tablet orally twice daily as needed for pain quantity of 60. An appeal letter dated September 15, 2015 includes a case report supporting the use of lidocaine patch in the treatment of low back pain. The case report includes

4 cases and does not include any information regarding where this study was published. The note goes on to state that the patient needs additional acupuncture since previous acupuncture has "benefited her in the past." The note goes on to describe how Duexis works but does not include any risk stratification of this individual patient. Notes indicate that the patient has undergone right shoulder surgeries in 2008, 2010, and 2013. Right Shoulder examinations reveal significantly reduced range of motion in all planes with positive Hawkins test on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI arthrogram of the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, MR arthrogram.

Decision rationale: Regarding the request for MR arthrogram of the shoulder, CA MTUS does not specifically address the issue. ODG notes that MR arthrogram is recommended as an option to detect labral tears, and for suspected re-tear post-op rotator cuff repair. MRI is not as good for labral tears. They note that there are no good physical examination tests for effectively diagnosing superior labrum anterior posterior (SLAP) shoulder tears, and special tests for SLAP tears are clinically limited and invalid. Within the documentation available for review, it appears the patient has had numerous shoulder surgeries and continues to have limited range of motion with positive Hawkins sign which may indicate re-tear of the rotator cuff tendons. Guidelines support the use of MR arthrography for patients who have undergone shoulder surgery with a potential re-tear. In light of the above, the currently requested MR arthrogram of the shoulder is medically necessary.

Physical therapy, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional

improvement with the previous sessions and remaining deficits that are expected to improve with additional formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Acupuncture (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

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

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of specific objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

Lidoderm 5%, apply 1-2 patches for 12hr on and 12hr off to skin for pain QD PRN, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical Lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.

Duexis 800mg/26.6mg, 1 tab PO BID PRN for pain, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Duexis (ibuprofen and famotidine).

Decision rationale: Regarding the request for Duexis, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. ODG states Duexis is not recommended as a first-line drug. Horizon Pharma recently announced the launch of Duexis, a combination of ibuprofen 800 mg and famotidine 26.6 mg, indicated for rheumatoid arthritis and osteoarthritis. With less benefit and higher cost, it would be difficult to justify using Duexis as a first-line therapy. Within the medical information available for review, there is no indication for the need for Duexis as opposed to ibuprofen and famotidine separately. The Guidelines do not recommend Duexis as a first-line drug. In light of the above issues, the currently requested Duexis is not medically necessary.