

Case Number:	CM15-0061902		
Date Assigned:	04/07/2015	Date of Injury:	06/17/1999
Decision Date:	06/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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

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 55-year-old female who reported an industrial injury on 06/17/1999; the mechanism of injury was not provided for review. The injured worker was diagnosed as having scapholunar disassociation, metacarpal disassociation, right elbow ulnar entrapment and epicondylitis, cervical disc protrusion, and right shoulder adhesive capsulitis. The treatments to date were noted to include medications, physical therapy, and shoulder injections. On 04/02/2015, the injured worker had complaints of neck pain (rated 3/10) and shoulder pain (rated 4/10). The report indicated that the injured worker continued to have "substantial" benefit from the medication (about 90%), no evidence of drug abuse or diversion, no aberrant behavior, and no adverse side effects reported. It was also noted that the most recent UDS was "within normal limits." On physical examination, the injured worker's range of motion in the right shoulder demonstrated decreased flexion, extension, adduction, decreased abduction, decreased internal rotation, and decreased external rotation without pain during passive and active motion consistent with adhesive capsulitis. Muscular strength in the bilateral upper extremities was measured 5/5. The examination of the cervical spine demonstrated minimal pain to palpation over the C2-6 facet capsules with evidence of bilateral secondary myofascial pain with triggering, ropey fibrotic banding, and spasm. There was also noted to be evidence of a positive Spurling's maneuver bilaterally as well as positive maximal foraminal compression testing bilaterally. The treatment plan included Fetzima, Prilosec, Naprosyn, and a re-evaluation from her shoulder surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with her shoulder surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7.

Decision rationale: According to American College of Occupational and Environmental Medicine Guidelines, physicians may refer an injured worker to other specialists if the diagnosis is uncertain or complex, if psychosocial factors are present, or if a plan or course of care may benefit from additional expertise. It was documented within the clinical notes provided that the injured worker has a history of a right shoulder injury that was surgically repaired and now has complaints of pain to the shoulder despite conservative treatments and has positive evidence of decreased range of motion during both passive and active range of motion that is consistent with adhesive capsulitis. Therefore, the request for referral to the injured worker's shoulder surgeon for re-evaluation is considered medically necessary.

Benicar 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/benicar.html>.

Decision rationale: The California MTUS/ACOEM and Official Disability Guidelines do not address the request; however, the Drugs.com website states that Benicar is indicated for the treatment of hypertension. It remains unclear as to why this medication is being requested as there a lack of documentation provided in regard to the necessity of this medication. Additionally, there is a lack of evidence within the documentation that the injured worker is diagnosed with hypertension that would benefit from the use of the medication. Therefore, the request for Benicar 40 mg is not medically necessary.

Fetzima 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 16-17. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.drugs.com/pro/fetzima.html>.

Decision rationale: According to the California MTUS, antidepressants for chronic pain may be recommended as a first line treatment option for neuropathic pain. The guidelines continue to state that the two medication currently recommended include Cymbalta and Effexor. According to the Drugs.com website, it states that while Fetzima is a serotonin norepinephrine reuptake inhibitor currently indicated for the treatment of major depressive disorder, it is not approved for the management of neuropathic pain as the efficacy and safety of this medication for treatment of neuropathic pain has not been established. The documentation provided indicates that Fetzima is being recommended for chronic pain as the injured worker has failed to obtain benefit from Cymbalta as a first line medication and given that Fetzima is in the same drug class as Cymbalta and it has the same mechanism of action, than it would be supported. However, Fetzima is not currently recommended by the treatment guidelines for treatment for neuropathic pain and the Drugs.com website indicates that Fetzima is also not recommended for the treatment of neuropathic pain as the efficacy and the safety of the medication for the management of neuropathic pain has not been established. Therefore, the request for Fetzima 40 mg is not medically necessary.

Naprosyn 500mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: According to the California MTUS Guidelines, Naprosyn may be recommended for moderate pain relief. The documentation provided indicated that the injured worker had experienced 90% pain relief to include relief of inflammatory pain. Therefore, the request for Naprosyn 500 mg is medically necessary.

Prilosec 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients who are intermediate or high risk for gastrointestinal events such as patients over the age of 65 years; patients with a history of peptic ulcer, GI bleed or perforation; patients taking ASA, corticosteroids, and/or an anticoagulant; or patients taking high

dose/multiple NSAIDs. There is a lack of documentation provided that the injured worker was at increased risk for gastrointestinal events and there is a lack of symptomatology that would benefit from the use of this medication. Additionally, there is no documentation in regards to the patient's therapeutic benefit with the use of the medication. Therefore, the request for Prilosec 40 mg is not medically necessary.

Urine drug screen (UDS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction, Drug testing Page(s): 94, 43.

Decision rationale: The California MTUS Guidelines state frequent random urine toxicology screens may be recommended for patients who are prescribed opioid medications in order to avoid misuse/addiction or may be recommended to assess the presence of illegal drugs. There is a lack of evidence that the injured worker is prescribed an opioid medication that would support frequent urine drug testing and there is no indication the injured worker is suspected to be taking illegal drugs. Therefore, the request for a urine drug screen is not medically necessary.