

Case Number:	CM15-0077495		
Date Assigned:	04/29/2015	Date of Injury:	08/06/2009
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 was a 41 year old female, who sustained an industrial injury, August 8, 2015. The injured worker previously received the following treatments left shoulder MRI, right shoulder MRI, left shoulder surgery, Ibuprofen, right shoulder arthroscopic surgery, Trazodone, Omeprazole, Ambien, psychiatric services, Cymbalta, Effexor and Klonopin. The injured worker was diagnosed with insomnia, depressive disorder, rotator cuff syndrome, bilateral shoulder strain, status post right shoulder arthroscopic decompression surgery, left shoulder arthroscopic subacromial decompression and distal clavicle excision. According to progress note of January 30, 2015, the injured workers chief complaint was bilateral shoulder pain with decreased range of motion. The physical exam noted positive impingement to the bilateral shoulders. There was decreased range of motion left worse than the right. There was decreased rotator cuff strength secondary to pain. The treatment plan included prescriptions for Flector Patches and Prevacid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, there was record of her taking oral ibuprofen. It was unclear in the documentation why topical NSAIDs (Flector patches) were also recommended for regular use as this seems redundant. Therefore, the request for flector patches will be considered medically unnecessary at this time.

Prevacid 15mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was record of NSAID use on a chronic basis. However, there was insufficient evidence provided for review, which suggested this worker was at an elevated risk for gastrointestinal events to warrant ongoing PPI use as was requested for this worker. Therefore, the request for Prevacid, which is not a benign medication, will be considered medically unnecessary.