

Case Number:	CM15-0079631		
Date Assigned:	06/01/2015	Date of Injury:	03/21/2008
Decision Date:	07/07/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/25/2015

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: Florida

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 (IW) is a 46 year old female who sustained an industrial injury on 03/21/2008. She reported injury to the bilateral shoulders. The injured worker was diagnosed as having cervical strain, bilateral shoulder impingement syndrome with acromioclavicular joint right greater than left, bilateral tennis elbow, bilateral wrist pain, status post carpal tunnel release surgeries, and sleep disorder. Treatment to date has included diagnostic electromyograms/ nerve conduction studies of the bilateral hands/wrists, physical therapy, and medication. Currently, the injured worker complains of burning pain in the neck and bilateral shoulders going down the right upper extremity and associated with pins and needles sensation. The pain is rated a 9/10. The worker's job had recently changed somewhat, and with the change came an alteration in activity level. She continues to work. The worker complains of persistent numbness and tingling in her hands, and she continues to drop things. On examination, the worker had diffuse forearm tenderness without specific swelling, Tinel's sign is positive, Phalen's sign is present. There was decrease in pin appreciation noted in the median distribution, reflexes are normal, range of motion is normal. Resisted extension of the wrist is positive for pain at the lateral epicondyle. There is no sign of wrist instability. Wrist motor power is not inhibited by forearm pain. The physician ordered and requested authorization for the following: Physical Therapy for the right shoulder, 2x3, QTY: 6, Diclofenac XR 100mg, one by mouth every day, #30 with 1 refill, Tramadol ER 150mg, 1-2 every day, #60 with 1 refill, Norco 10/325mg, one by mouth two (2) times per day as needed, #60, Prilosec 20mg one by mouth two (2) times per day, #30 with 2 refills, Physical Therapy for the left shoulder, 2x3, QTY: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right shoulder, 2x3, QTY: 6: 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 Physical Medicine Page(s): 99 of 127.

Decision rationale: This patient has a diagnosis of "bilateral shoulder impingement syndrome with acromioclavicular joint, right greater than left." 6 physical therapy sessions are now being requested for her right shoulder. Records indicate that the patient was prescribed and certified for 8 physical therapy sessions for the bilateral shoulders in 6/2014. It is not clear from the documentation if she actually received those sessions, and what, if any, benefit was derived from them. Likewise, without further documentation and clarification of the above point, this request cannot be considered medically necessary.

Diclofenac XR 100mg, one by mouth every day, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Diclofenac (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDS were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDS had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Diclofenac is not medically necessary.

Tramadol ER 150mg, 1-2 every day, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Norco 10/325mg, one by mouth two (2) times per day as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Opioids, dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-80 of 127.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.

Prilosec 20mg one by mouth two (2) times per day, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69 of 127.

Decision rationale: In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Prilosec is not medically necessary.

