

Case Number:	CM15-0095242		
Date Assigned:	05/21/2015	Date of Injury:	07/30/2012
Decision Date:	07/07/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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:

This 54-year-old female sustained an industrial injury to the left shoulder on 7/30/12. Previous treatment included magnetic resonance imaging, left rotator cuff repair, physical therapy, acupuncture and medications. The injured worker later developed right shoulder and neck pain. The injured worker had been scheduled for repeat left shoulder surgery on 4/7/15 but the procedure was cancelled due to personal medical issues. In a progress note dated 4/27/15, the injured worker complained of ongoing pain and discomfort. The injured worker also reported stomach upset. The injured worker used Protonix. The injured worker also stated that Flurbiprofen helped with local inflammation and pain without side effects. Physical exam was remarkable for left shoulder with tenderness to palpation, swelling, decreased range of motion and positive impingement sign. Current diagnoses included left shoulder rotator cuff injury; status post left shoulder surgery, left shoulder internal derangement, left frozen shoulder and right shoulder rotator cuff with partial tear. The treatment plan included continuing medications (Protonix, Tylenol, Celebrex and Flurbiprofen) and requesting authorization for a functional restoration program because the injured worker was no longer a surgical candidate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol (unspecified dosage and quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 92, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 07/30/12 and presents with left shoulder pain with radiation into the shoulder on the left side. The request is for TYLENOL (UNSPECIFIED DOSAGE AND QUANTITY). The utilization review denial letter did not provide a rationale. The RFA is dated 03/10/15 and the patient's work status is not provided. It appears that this is the initial request for this medication. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has a limited cervical spine range of motion, tenderness along the left side of the neck, and a limited shoulder range of motion. The patient was diagnosed with bilateral shoulder dysfunction and cervical syndrome, radiculitis. MTUS supports the use of Tylenol as first line treatment for all pain. The requested Tylenol IS medically necessary.

Celebrex as needed (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 07/30/12 and presents with left shoulder pain with radiation into the shoulder on the left side. The request is for CELEBREX AS NEEDED (UNSPECIFIED DOSAGE AND QUANTITY). The utilization review denial letter did not provide a rationale. The RFA is dated 03/10/15 and the patient's work status is not provided. The patient has been taking this medication as early as 02/09/15. MTUS guidelines page 22 on anti-inflammatory medications state that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, the long-term use may not be warranted. In addition, MTUS pages 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. MTUS guidelines page 22 continues to state for Celebrex the following, "COX 2 inhibitors - e.g., Celebrex - may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-1 difference in cost." The patient has a limited cervical spine range of motion, tenderness along the left side of the neck, and a limited shoulder

range of motion. The patient was diagnosed with bilateral shoulder dysfunction and cervical syndrome, radiculitis. MTUS page 60 states that pain assessment and functional changes must be noted when medications are used for chronic pain. In this case, the treater provides no before and after pain scales and there is no discussion provided regarding how Celebrex has impacted the patient's pain and function. Therefore, the requested Celebrex IS NOT medically necessary.

Flurbiprofen for 1 month (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 72.

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

Decision rationale: The patient was injured on 07/30/12 and presents with left shoulder pain with radiation into the shoulder on the left side. The request is for FLURBIPROFEN FOR 1 MONTH (UNSPECIFIED DOSAGE AND QUANTITY) for inflammation and pain control. The utilization review denial letter did not provide a rationale. The RFA is dated 03/10/15 and the patient's work status is not provided. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient has a limited cervical spine range of motion, tenderness along the left side of the neck, and a limited shoulder range of motion. The patient was diagnosed with bilateral shoulder dysfunction and cervical syndrome, radiculitis. The 04/27/15 report states "flurbiprofen helps for her local inflammation and pain without side effects." In this case, the treater does not document arthritis/tendinitis as indicated for flurbiprofen by MTUS Guidelines. The request IS NOT medically necessary.

Protonix (unspecified dosage and quantity): Overturned

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

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

Decision rationale: The patient was injured on 07/30/12 and presents with left shoulder pain with radiation into the shoulder on the left side. The request is for PROTONIX (UNSPECIFIED DOSAGE AND QUANTITY). The utilization review denial letter did not provide a rationale. The RFA is dated 03/10/15 and the patient's work status is not provided. The patient has been taking this medication as early as 02/09/15. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple

NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The 03/10/15 report states that the patient uses "Protonix to control GI upset." As of 04/27/15, the patient is taking Tylenol and Celebrex. Given that, the patient is taking NSAIDs and presents with GI upset, the requested Protonix IS medically necessary.