

Case Number:	CM15-0097836		
Date Assigned:	05/28/2015	Date of Injury:	12/12/2011
Decision Date:	07/02/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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 York
 Certification(s)/Specialty: Anesthesiology

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 65-year-old female who sustained an industrial injury on 12/12/11. The mechanism of injury is unclear. She currently complains of left shoulder pain and unable to raise arm independently and painful even with assistance with a pain level of 7/10; bilateral arm pain to ends of fingers; achy neck pain with pain level at 5/10. She has difficulty sleeping. Notes are hard to decipher. Medications are Norco, no other medications were named. Diagnoses include right and left carpal tunnel syndrome; left shoulder pain, status post rotator cuff repair. Treatments to date include medications; biofeedback. Diagnostics include MRI left shoulder (1/28/15) showing high-grade partial tear of the supraspinatus tendon, bursitis; positive electromyography/nerve conduction studies refractory to conservative care. The Utilization Review dated 4/21/15 reviewed requests for purchase of Solar Care FIR heating system for the left shoulder; FIR Heat Pad, portable for 6-8 hours per day; Norco 5/325 mg # 60 with 1 refill; Zantac 150 mg # 60 with 1 refill; cyclo/tram cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Solar care FIR heating system for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat Therapy.

Decision rationale: Far Infrared Ray (FIR) is electromagnetic waves in the portion of the spectrum just beyond visible light. FIR provides a specific target with deep, penetrating heat via direct energy conversion. According to the ODG, heat therapy is under study for shoulder conditions. There is no specific indication for the use of the requested solar care FIR system. There is no documentation indicating that other guideline accepted therapies for the treatment of chronic shoulder pain have been implemented. Medical necessity for the requested item has not been established. The requested Solar Care FIR heating system is not medically necessary.

FIR Heat Pad, portable for 6-8 hours per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Shoulder.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Heat Therapy.

Decision rationale: Far Infrared Ray (FIR) is electromagnetic waves in the portion of the spectrum just beyond visible light. FIR provides a specific target with deep, penetrating heat via direct energy conversion. According to the ODG, heat therapy is under study for shoulder conditions. There is no specific indication for the use of the requested portable FIR heating system. There is no documentation indicating that other guideline accepted therapies for the treatment of chronic shoulder pain have been implemented. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Norco 5/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the

requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Zantac 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date, Ranitidine.

Decision rationale: Zantac (Ranitidine) is a histamine blocker and antacid used to treat peptic ulcers, gastritis and gastroesophageal reflux (GERD). Zantac works by blocking the effects of histamine on the receptor site known as H2. Proton Pump Inhibitors (PPI's) are prescribed to both prevent and treat ulcers in the duodenum and the stomach. In most trials, the PPIs have proved to be superior to the H2 blockers. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Zantac has not been established. The requested medication is not medically necessary.

Cyclo/tram cream with 1 refill: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the topical analgesic compound contains Cyclobenzaprine and Tramadol. These medications are not FDA approved for a topical application. There is no documentation of intolerance to other previous oral medications. Medical necessity for the requested medication has not been established. The requested topical analgesic compound is not medically necessary.