

Case Number:	CM14-0142994		
Date Assigned:	09/10/2014	Date of Injury:	02/13/2012
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63 year old female injured on 02/13/12 when she fell on the ground from losing her balance, when she stepped back, landing on her right shoulder. Current diagnoses include chronic pain syndrome, and right shoulder pain. MRI of the of the right shoulder dated 07/11/14 revealed supraspinatus tendinosis with full thickness tear including a 1.3 cm maximal torn fiber retraction with proximal atrophy and free communication of joint effusion to the subacromial-subdeltoid bursa; subscapularis tendinosis and delaminating tear superiorly moderate to advanced in severity; diffuse infraspinatus tendinosis with at least moderate grade partial thickness tear; medial subluxation of the biceps tendon with proximal tendinosis and partial tear; glenohumeral joint osteoarthritis including degenerative fraying of the superior labrum/type 1 labral injury as well as similar involvement of the anterior inferior labral margin; and AC (acromioclavicular) joint osteoarthritis and subacromial enthesophyte formation abutting the cuff. Clinical note dated 07/10/14 indicated the injured worker complains of left knee pain, as well as pain on her right shoulder, right hand, right knee, and left thumb pain, right shoulder pain is sharp, occurs 35 percent of the time, and interferes with ability to carry, lift, pull, push, and reach above the shoulder. The right hand pain is dull, occurs 10 percent of the time, and interferes with ability to grab, grip, lift, pull and push. The left thumb pain was described as sharp, occurs 15-20 percent of the time, and interferes with the ability to carry, grab, lift, pull and push. The right knee pain is dull and sharp and interferes with squatting and walking, pulling and pushing. The left knee pain is sharp, occurs 20-25 percent of the time and interferes with lifting, pushing, pulling, squatting, standing and walking. Physical examination of the upper extremity shows trigger points palpated in the right greater than the left upper proximal trapezial and parascapular musculature, shoulder range of motion showed abduction of 120 degrees, flexion of 120 degrees and extension of 45 degrees, tenderness globally around the right shoulder, trigger

points are palpated at the right deltoid musculature to a less extent right brachioradialis musculature. Clinical note dated 08/14/14 the injured worker reported that Ketoprofen her feel like she has hangover, but Flurbiprofen cream helps. Physical examination of the right shoulder revealed full range of motion but with positive apprehension on the right shoulder, and presence of crepitus. The previous request for Ketoprofen 75mg #60, Flurbiprofen 20 percent 30gm, follow-up pain management, and orthopedic consult right shoulder were non-certified on 08/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs are routinely associated with GERD and symptoms associated with gastritis frequently resulting in the need to obtain H-2 blocker treatment for gastritis prophylaxis. In addition, clinical documentation indicated the patient feels like having hangover with Ketoprofen use. As such, the request for Ketoprofen #60 cannot be recommended as medically necessary.

Flurbiprofen 20%, 30gr: Upheld

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

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

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of topical medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Flurbiprofen 20 percent, 30 gram cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Follow-Up Pain Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Online Version- Shoulder Complaints, Follow-up visits.

Decision rationale: There is no indication in the documentation that the patient has had a significant alteration in status, acute injury, or requires treatment out of the scope of the primary care provider. As such, the request for follow up pain Management cannot be recommended as medically necessary at this time.

Ortho Consult Right Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Medical Treatment Utilization Schedule Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Online version - Shoulder complaints, Surgical Complaints.

Decision rationale: As noted in current California Guidelines, referral for surgical consultation may be indicated for patients who have, red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), Activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM (range of motion) and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion, or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. As such, the request for ortho consult right shoulder cannot be recommended as medically necessary.