

<b>Case Number:</b>	CM13-0005699		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Physical Medicine and Rehabilitation 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 patient is a 51 year old female who was injured on 08/23/2012. She developed insidious onset of right shoulder pain from having to repetitively lift the 10 gallon bucket with the napkins in it and moving it. She reported the injury to her employer as symptoms began to worsen. Prior treatment history has included medications, therapy, and a subacromial steroid injection to the right shoulder. The patient's medications as of 01/09/2013 include Flexeril; as of 08/24/2012 include Flexeril 5 mg, Naprosyn 500 mg, and Ultracet #20; as of 07/16/2013 include Lisinopril, ibuprofen, Prednisone, Sertraline, Lamotrigine, Gabapentin, Naproxen, cyclobenzaprine and Tramadol. Physical Medicine and Rehab evaluation note dated 03/03/2014 indicates the patient complains of left shoulder pain, which is constant, 5-6/10 mostly, 8/10 at its worst. The pain radiates to the right upper extremity to the hand. She is taking Sertraline, Norco and hypertension medications. On exam, her range of motion is decreased in the right shoulder and elbows and wrists ranges of motion are within normal limits. The right shoulder exam shows tenderness anteriorly and laterally with no laxity. There is restricted range of motion. The right hand shows tenderness to the metacarpophalangeal joint with no synovitis. Motor strength on the right is -5/5 in all planes tested. There is decreased sensation in the right C6 dermatome. Deep tendon reflexes are normal at 2+ and Hoffman sign is negative bilaterally. PR2 dated 01/15/2014 reports the patient is diagnosed with carpal tunnel syndrome, other tenosynovitis of hand and wrist, injury to median nerve and unspecified fasciitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60 WITH 1 REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 66, 67-68.

**Decision rationale:** According to the CA MTUS, Naproxen is a Nonsteroidal Anti-Inflammatory Drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDS has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDS is not supported by the guidelines. The request is not medically necessary.

**OMEPRAZOLE 20MG #30 WITH 1 REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The CA MTUS guidelines state medications such as Prilosec may be indicated for patients at risk for gastrointestinal events, which are: 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). However, none of the above listed criteria apply to this patient. The request for Omeprazole is not medically necessary.

**12 ACUPUNCTURE SESSIONS FOR THE RIGHT SHOULDER: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

**Decision rationale:** According to the CA MTUS guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement

is documented. The CA MTUS/ACOEM guidelines state acupuncture for shoulder complaints, "Some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes." According to the available records, the patient had previously authorized an initial trial of 4 acupuncture sessions for the right shoulder. The medical records do not document the patient having undergone a trial, or document her response to rendered treatment. The request for 12 sessions of acupuncture is not supported by the medical literature or evidence-based guidelines. The request is not medically necessary and appropriate.

**MAGNETIC RESONANCE IMAGING (MRI) OF THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The medical records document an MRI of the right shoulder was most recently completed on 11/17/2013. Based on the x-ray findings, the MRI study was medically necessary. Physical examination findings on 07/16/2013 prior to the UR determination date (07/19/2013) reveal the patient to have ongoing complaints of pain and limitations in range of motion, muscle weakness and positive impingement testing. She was documented to have had conservative care including physical therapy, injections, Transcutaneous Electrical Nerve Stimulation (TENS) unit, and medications. At that time a request was also made for x-rays. The MRI should have been requested following the review of the x-rays. The request is not medically necessary and appropriate.

**COMPLETE BLOOD COUNT (CBC) LAB:** 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 NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS.

**Decision rationale:** According to the CA MTUS guidelines, package inserts for Non-Steroidal Anti-Inflammatory Drugs (NSAID) recommend periodic lab monitoring of with Complete Blood Count (CBC) and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The patient's vitals are not documented in the records. The patient does not report any side-effects from medication use. The patient has already undergone a urine toxicology screen. She is not maintained on a chronic NSAID therapy. There are no objective findings that indicate the need for further lab studies. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. The request is not medically necessary and appropriate.

**HEPATIC AND ARTHRITIS PANEL:** 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 NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** According to the CA MTUS guidelines, package inserts for Non-Steroidal Anti-Inflammatory Drugs (NSAID) recommend periodic lab monitoring of with Complete Blood Count (CBC) and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The patient's vitals are not documented in the records. The patient does not report any side-effects from medication use. The patient has already undergone a urine toxicology screen. She is not maintained on a chronic NSAID therapy. There are no objective findings that indicate the need for further lab studies. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. The request is not medically necessary and appropriate.

**CHEM 8 PANEL:** 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 NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** According to the CA MTUS guidelines, package inserts for Non-Steroidal Anti-Inflammatory Drugs (NSAID) recommend periodic lab monitoring of with Complete Blood Count (CBC) and chemistry profile (including liver and renal function tests). Routine blood pressure monitoring is recommended. The patient's vitals are not documented in the records. The patient does not report any side-effects from medication use. The patient has already undergone a urine toxicology screen. She is not maintained on a chronic NSAID therapy. There are no objective findings that indicate the need for further lab studies. The medical records do not present a clinical rationale that establishes the requested laboratory studies are medically necessary. The request is not medically necessary and appropriate.

**CPK AND CRP LAB:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://labtestsonline.org/understanding/analytes/crp/tab/test>  
<http://labtestsonline.org/understanding/analytes/ck/tab/test>.

**Decision rationale:** C - reactive protein (CRP) is a non-specific test. It is used to detect inflammation if there is a high suspicion of tissue injury or infection somewhere in the body, but the test cannot tell where the inflammation is or what condition is causing it. CRP is not diagnostic of any condition. A creatine kinase (CK) test may be used to detect inflammation of muscles (myositis) or serious muscle damage and/or to diagnose rhabdomyolysis if a person has signs and symptoms, such as muscle weakness, muscle aches, and dark urine. The medical records do not indicate the purpose or reasoning for the requested lab studies. There is no evidence of clinically relevant abnormal findings that would necessitate the request. In the absence of any current clinically relevant abnormal findings with subjective complaints as to support the request, the medical necessity has not been established. The request is not medically necessary and appropriate.

**TRAMADOL 50MG #90 WITH 1 REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE; OPIOIDS, SPECIFIC DRUG LIST Page(s): 76-78, 93-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The most recent progress reports document the patient's medication includes Norco. Tramadol is not listed as part of her current medication regimen. The medical records do not document the patient's pain level with and without medication use. The medical records do not establish opioid use has led to clinically significant reduction in pain level and improved function. Medical necessity of Tramadol has not been established.