

Case Number:	CM13-0064124		
Date Assigned:	01/03/2014	Date of Injury:	11/26/2011
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 45-year-old female who reported an injury on 11/26/2010. The mechanism of injury involved a fall. The patient is diagnosed with right rotator cuff impingement, status post right shoulder repair, myofascial pain syndrome, and probable right carpal tunnel syndrome versus right cervical radiculopathy. The patient was seen by [REDACTED] on 11/19/2013. The patient reported persistent right shoulder pain with activity limitation and difficulty sleeping. Physical examination revealed decreased range of motion, tenderness to palpation, muscle spasm, trigger points, and decreased sensation in the right 1st two digits. Treatment recommendations included an EMG of the bilateral upper extremities, trigger point injections, prescriptions for naproxen, omeprazole, and Neurontin, and acupuncture treatment twice per week for 4 weeks. Urine toxicology screen was also performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: 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 Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis. There is no evidence of a failure to respond to first-line treatment with acetaminophen, as recommended by California MTUS Guidelines. Furthermore, guidelines state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Prescription of Omeprazole 20mg: 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 Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the documentation submitted, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Prescription of Neurontin 600mg:

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 Page(s): 16-18.

Decision rationale: California MTUS Guidelines state antiepilepsy medication is recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. As per the documentation submitted, the patient does not demonstrate neuropathic pain upon physical examination. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Acupuncture 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical

rehabilitation and/or surgical intervention. There is no indication the patient's pain medication has been reduced or is not tolerated. There is also no evidence of this patient's active participation in physical rehabilitation. Additionally, California MTUS Guidelines state the time to produce functional improvement include 3 to 6 treatments. The current request for 8 sessions of acupuncture treatment exceeds guideline recommendations. Therefore, the request is non-certified.

Electromyogram (EMG) bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines-<http://www.odg-twc.com/odgtwc/neck.htm> .

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient does not demonstrate a significant musculoskeletal or neurological deficit upon physical examination. There is no indication of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. There was also no documentation of a significant abnormality with regard to the left upper extremity. Based on the clinical information received, the request is non-certified.

Nerve Conduction Study (NCS) bilateral of upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. As per the documentation submitted, the patient does not demonstrate a significant musculoskeletal or neurological deficit upon physical examination. There is no indication of an exhaustion of conservative treatment prior to the request for an electrodiagnostic study. There was also no documentation of a significant abnormality with regard to the left upper extremity. Based on the clinical information received, the request is non-certified.

Urine Toxicology Screen (retrospective 11/19/13):

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, 89..

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. As per the documentation submitted, the patient's injury was greater than 3 years ago to date and there is no indication of non-compliance or misuse of medication. There is no evidence that this patient falls under a high risk category that would require frequent monitoring. Based on the clinical information received, the request is non-certified.