

Case Number:	CM14-0006810		
Date Assigned:	02/07/2014	Date of Injury:	07/11/2013
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Orthopedic Surgery and is licensed to practice in Texas, 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 60 year old female who sustained an injury on 07/11/13 while moving a client from a bed. The injured worker felt a pop in the low back, neck, and both shoulders with subsequent low back pain, bilateral shoulder pain, and neck pain with radiating pain through the lower extremities. The injured worker was initially treated with multiple medications to include antiinflammatories, muscle relaxants, and analgesics for pain. The injured worker was also utilizing a compounded topical medication that included an antiinflammatory and Capsaicin. The injured worker was seen on 09/13/13 for continuing complaints of neck pain radiating to the upper extremities as well as mid and low back pain. The injured worker reported pain 7-9/10 on the VAS. The injured worker was pending an orthopedic consult at this visit. At this evaluation, the injured worker was utilizing Naproxen 550mg as well as Tramadol 150mg. Significant pain behaviors on physical examination were noted. No atrophy was apparent in the lower extremities. Range of motion of the lumbar spine was restricted. Restricted range of motion was also noted in the bilateral shoulders. Recommendations were for radiographs of the spine and shoulders. The injured worker was continued on Naproxen as well as Tramadol at this visit. The injured worker was also prescribed Omeprazole 20mg. Electrodiagnostic studies were also recommended at this visit. The injured worker did attend chiropractic therapy in October of 2013. A follow up on 10/24/13 noted continuing loss of lumbar range of motion. The injured worker ambulated with a non-antalgic gait and in an upright posture. The injured worker did report soreness with therapy. Pain scores remained 8/10 on the VAS. Laboratory reports from 10/31/13 noted a positive finding for alcohol. There were negative findings for Tramadol on this report. Follow up on 12/05/13 again reported persistent pain in the upper extremities as well as the low back at 8/10 on the VAS. Electrodiagnostic studies from 10/22/13 were reported as normal with the exception of evidence of a severe right carpal tunnel syndrome and moderately

severe left carpal tunnel syndrome. On physical examination, positive impingement signs were noted in the bilateral shoulders. Positive Tinel's and Phalen's signs were noted at the wrists bilaterally. There was sensory loss noted in the 2nd and 3rd digits of the bilateral hands. There was a recommendation for a surgical consult regarding bilateral carpal tunnel syndrome. Medications to include Naproxen, Tramadol, and Omeprazole were refilled at this visit. The injured worker was also prescribed Tizanidine for muscular spasms. The injured worker was seen on 12/19/13 for continuing complaints of low back and mid back pain. The injured worker did report relief from chiropractic therapy. Physical examination continued to note muscle guarding and tenderness to palpation with loss of lumbar range of motion. Follow up with [REDACTED] on 01/16/14 reported continuing complaints of pain in the low back and bilateral shoulders at 6/10 on the VAS. Physical examination noted continuing loss of lumbar range of motion with positive impingement signs in the shoulders bilaterally. The report did indicate the injured worker had responded previously to injection therapy. The injured worker was not actively utilizing medications as they had not been made available to her. The requested subacromial Corticosteroid injections for the bilateral shoulders as well as prescriptions for Naproxen 550mg with 2 refills, Omeprazole 20mg with 2 refills, Tramadol 50mg with 2 refills, and Tizanidine 4mg with 2 refills were all denied by utilization review on 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 SUBACROMIAL CORTICOSTEROID INJECTION FOR THE BILATERAL SHOULDERS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL TREATMEN GUIDELINES (MAY 2009), CORTICOSTEROID INJECTION,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: In regards to the use of subacromial steroid injections for the bilateral shoulders, the injured worker's physical examination findings did note positive impingement signs in the shoulders bilaterally with persistent bilateral shoulder pain. Per the ODG, steroid injections to address impingement syndrome were found to provide significant early improvement in regards to pain and functional disability within the first 6 weeks of the injections. From the clinical reports, the injured worker did report improvement with prior injections of the shoulder. Given the objective findings consistent with impingement syndrome, and as the ODG recommends the use of injections for impingement syndrome in combination with continued exercise, the request is medically necessary.

1 PRESCRIPTION OF NAPROXEN 550 MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL

TREATMEN GUIDELINES (MAY 2009), NSAID, GI SYMPTOMS & CARDIOVASCULAR RISK,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The chronic use of prescription NSAIDs is not recommended by the MTUS Chronic Pain Guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per the MTUS Chronic Pain Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. The request is not medically necessary and appropriate.

1 PRESCRIPTION OF OMEPRAZOLE 20 MG, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL TREATMEN GUIDELINES (MAY 2009), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

Decision rationale: The injured worker was being prescribed Omeprazole for gastrointestinal protection. However, the clinical documentation did not identify any substantial side effects with the continuing use of oral medications that would have supported the use of a proton pump inhibitor. There is no indication of any side effects from oral medications such as gastritis or acid reflux. There was no other evidence regarding gastroesophageal reflux disease or active ulcers which would have supported the use of this medication. Therefore, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF TRAMADOL 50 MG, #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL TREATMEN GUIDELINES (MAY 2009), TRAMADOL (ULTRAM),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: There is no indication from the medical records provided for review that the patient was obtaining substantial functional improvement or pain reduction with the use of this medication. The injured worker's pain scores remained fairly high while this medication was being prescribed. The clinical documentation also did not address inconsistent toxicology results which were negative for Tramadol and positive for alcohol which is not indicated while taking

Tramadol. Given the lack of documentation to substantiate that Tramadol was providing any functional benefit and given the inconsistent prior toxicology results, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF TIZANIDINE 4 MG, #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC MEDICAL TREATMENT GUIDELINES (MAY 2009), MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxants is not recommended by the MTUS Chronic Pain Guidelines. At most, muscle relaxants are recommended for short term use only. The efficacy of chronic muscle relaxant use is not established in the clinical literature. There is no indication from the medical records provided for review that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the request is not medically necessary and appropriate.