

Case Number:	CM14-0163633		
Date Assigned:	10/08/2014	Date of Injury:	04/18/2012
Decision Date:	10/31/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 47 year old female who was injured on 4/18/2012. She was diagnosed with ankle/foot pain, bilateral shoulder pain, lateral epicondylitis, forearm tendinitis, left radial tunnel syndrome, and reflex sympathetic dystrophy. She also had a history of gastroesophageal reflux disease. She was treated with surgery (bilateral carpal tunnel release), occupational/physical therapy (for wrist), and NSAIDs. On 9/5/14, the worker was seen by her treating physician complaining of increased pain in the shoulders and weakness in the hands. Physical findings included positive impingement sign in the both shoulders and tenderness in upper back and neck muscles. She was then recommended a right shoulder corticosteroid injection (which was administered that day), and then recommended medications which included Prilosec, Voltaren (oral), and Mentherm (topical analgesic).

IMR ISSUES, DECISIONS AND RATIONALES

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

One Corticosteroid Injection to The Right Subacromial Space: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Shoulder section, Steroid injections

Decision rationale: The MTUS ACOEM Guidelines state that "shoulder corticosteroid injections are recommended as part of a treatment plan for rotator cuff inflammation, impingement syndrome, or small rotator cuff tears." The MTUS suggests up to 2-3 injections maximum over an extended period of time, and does not recommended prolonged or frequent injections beyond this number. The ODG states that the criteria for considering corticosteroid injections include: 1. Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement, 2. Not controlled adequately by conservative treatments (physical therapy/exercise, NSAIDs, or acetaminophen) after at least 3 months, 3. Pain interferes with functional activities, 4. Intended for short-term control of symptoms to resume conservative medical management, 5. To be performed without fluoroscopic or ultrasound guidance, 6. Only one injection should be scheduled to start (rather than 2 or 3), 7. A second injection is not recommended if the first has resulted in complete resolution of symptoms or if there was no response to the first, 8. With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option (limited up to three total per joint). In the case of this worker, there was not significant evidence to suggest the worker had exhausted other conservative therapies such as medication and physical therapy for her shoulder. If these therapies were in fact utilized and failed earlier in her treatment course, but not included in the documents available for review, then this needs to be provided for the injection to be considered medically appropriate and necessary. The request is not medically necessary.

60 Voltaren 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

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

Decision rationale: The MTUS Guidelines state that "NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used." The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had used NSAIDs in 2013 which did not provide any significant benefit. Providing Voltaren is not likely to provide any benefit in this worker and is not medically necessary.

60 Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to "warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs." In the case of this worker, Prilosec was added on in conjunction with the Voltaren on the same day in order to reduce the risk of Voltaren. However, with or without this medication, there was no evidence that she was at intermediate or high risk of developing a gastrointestinal event based on these criteria. Therefore, the Prilosec is not medically necessary.

One prescription menthoderms gel 120gm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Menthoderms is a topical analgesic combination medication product which includes the active ingredients methyl salicylate and menthol, and is used for the treatment of pain. The MTUS Chronic Pain Guidelines state that salicylate topical agents such as methyl salicylate are recommended for the treatment of chronic pain as they have been proven to be better than placebo and are relatively low risk. However, in order to justify continuation of agents in this category, there needs to be evidence of functional and pain-reducing benefit with its use. In the case of this worker, there is no evidence that she had tried this type of medication before being offered Menthoderms on 9/5/14. A trial seems to be appropriate since other therapies have been tried and failed. Therefore, it is medically necessary.