

Case Number:	CM14-0165278		
Date Assigned:	10/28/2014	Date of Injury:	08/22/2008
Decision Date:	12/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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 Indiana. 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 48-year-old female who suffered an injury at work while assisting a client to bed on 8/22/08. Accepted diagnoses include right shoulder pain, right shoulder impingement, right shoulder AC joint arthrosis, and right shoulder partial thickness rotator cuff tear. An MRI of the right shoulder performed on 6/21/13 revealed ac osteoarthritis, supraspinatus tendonitis, and infraspinatus tendonitis. On physical examination on 3/27/14, the worker is noted to have a positive Phalen's test, a positive Tinel's over the median nerve at the carpal canal, and thenar atrophy and mild abductor pollicis brevis weakness of the right and left hands. The worker has undergone a right shoulder arthroscopy for a subacromial decompression and debridement of a SLAP tear and biceps anchor and distal clavicle resection on 6/19/14. On an 8/18/14 office visit, the worker was noted to be symptomatic from bilateral wrist pain, right greater than left, right shoulder pain s/p arthroscopic surgery, and lower back pain with radiation to the left lower extremity. The worker had limited range of motion (ROM) of the right shoulder with 100 degrees of forward flexion and abduction and 40 degrees of external rotation. The worker has been receiving physical therapy to the right shoulder since surgery. The treating physician is requesting approval for Tramadol, Flexeril, Norco, Menthoderm gel, Prilosec (all unknown dose and quantity), an EMG and NCV of upper extremities, 18 physical therapy sessions and home therapy kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol (unknown dose/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 84.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines in regards to Tramadol, Tramadol: A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline). Adverse events often caused study participants to discontinue this medication, and could limit usefulness. There are no long-term studies to allow for recommendations for longer than three months. Since the worker has been on chronic Tramadol treatment and because the treating physician has not defined the dosage and quantity of the Tramadol, the requested treatment with Tramadol is not medically necessary.

Flexeril (unknown dose/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline, Flexeril is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Since the injured worker has chronic pain requiring long-term treatment and since the treating physician has not defined the doses and quantity of the Flexeril to be prescribed, the requested treatment with Flexeril is not medically necessary.

Norco (unknown dose/quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 91.

Decision rationale: Although the California MTUS Guidelines do approve the use of short-acting opioids such as Norco for the use of chronic pain, "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling

chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin", there has been no documentation of improved function or decreased pain with the use of the medication, here has not been documentation of screening exams for misuse, and the treating physician has not defined the dosage and quantity of Norco he is requesting. Therefore, the request for treatment with Norco is not medically necessary.

Menthoderm Gel (unknown dose/quantity): Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Since the literature considers topical analgesics as experimental and since the treating physician has not defined the dose and quantity of the Mentoderm gel, the requested treatment with Mentoderm gel is not medically necessary.

Electromyography (EMG) of the right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: On a 3/27/14 physical exam, the injured worker was noted to have clinical evidence of bilateral carpal tunnel syndrome with a positive Tinel's of both wrists at the carpal canals, a positive Phalen's test bilaterally, and thenar atrophy and weakness bilaterally. According to the California MTUS Guidelines for diagnosis and treatment of carpal tunnel syndrome, surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Since the injured worker has clinical evidence of bilateral carpal tunnel syndrome and since the success rate of surgical decompression of the median nerve is high with an electrodiagnostically confirmed diagnosis of CTS, the requested EMG of the right upper extremity is medically necessary.

Electromyography (EMG) of the left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: On a 3/27/14 physical exam, the injured worker was noted to have clinical evidence of bilateral carpal tunnel syndrome with a positive Tinel's of both wrists at the carpal canals, a positive Phalen's test bilaterally, and thenar atrophy and weakness bilaterally. According to the California MTUS Guidelines for diagnosis and treatment of carpal tunnel syndrome, surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Since the injured worker has clinical evidence of bilateral carpal tunnel syndrome and since the success rate of surgical decompression of the median nerve is high with an electrodiagnostically confirmed diagnosis of CTS, the requested EMG of the left upper extremity is medically necessary.

Nerve Conduction Velocity (NCV) of the right upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: On a 3/27/14 physical exam, the injured worker was noted to have clinical evidence of bilateral carpal tunnel syndrome with a positive Tinel's of both wrists at the carpal canals, a positive Phalen's test bilaterally, and thenar atrophy and weakness bilaterally. According to the California MTUS Guidelines for diagnosis and treatment of carpal tunnel syndrome, surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Since the injured worker has clinical evidence of bilateral carpal tunnel syndrome and since the success rate of surgical decompression of the median nerve is high with an electrodiagnostically confirmed diagnosis of CTS, the requested NCV of the right upper extremity is medically necessary.

Nerve Conduction Velocity (NCV) of the left upper extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: On a 3/27/14 physical exam, the injured worker was noted to have clinical evidence of bilateral carpal tunnel syndrome with a positive Tinel's of both wrists at the carpal canals, a positive Phalen's test bilaterally, and thenar atrophy and weakness bilaterally. According to the California MTUS Guidelines for diagnosis and treatment of carpal tunnel syndrome, surgical decompression of the median nerve usually relieves carpal tunnel syndrome (CTS) symptoms. High-quality scientific evidence shows success in the majority of patients with an electrodiagnostically confirmed diagnosis of CTS. Patients with the mildest symptoms display the poorest post-surgery results; patients with moderate or severe CTS have better outcomes from surgery than splinting. CTS must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken. Since the injured worker has clinical evidence of bilateral carpal tunnel syndrome and since the success rate of surgical decompression of the median nerve is high with an electrodiagnostically confirmed diagnosis of CTS, the requested NCV of the left upper extremity is medically necessary.

18 Physical Therapy visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: According to the California MTUS Post-Surgical Treatment Guidelines for the shoulder, physical therapy is an accepted treatment after arthroscopic surgery for impingement syndrome of the shoulder. Rotator cuff syndrome/Impingement syndrome: Postsurgical treatment, arthroscopic: 24 visits over 14 weeks, Post-surgical physical medicine treatment period: 6 months. Since the requested 18 physical therapy visits are within the accepted number of physical therapy visits after arthroscopic shoulder surgery for impingement syndrome, the requested 18 physical therapy sessions are medically necessary.

Home Therapy Kit: Overturned

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 Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Exercises

Decision rationale: According to the Official Disability Guidelines on the Shoulder, exercises are recommended. Shoulder disorders may lead to joint stiffness more often than other joint disorders. Therapeutic exercise, including strengthening, should start as soon as it can be done without aggravating symptoms. Randomized controlled intervention studies have found positive effects on neck/shoulder pain regarding specific neck/shoulder muscle strengthening exercises, whereas exercise interventions without such specificity failed to reduce such pain conditions. Since there are positive effects on the shoulder with home exercises, the requested home therapy kit is medically necessary.

Prilosec (unknown dose/quantity): 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 Official Disability Guidelines (ODG) Chronic Pain, Prilosec, NSAIDs, GI symptoms, and cardiovascular risk

Decision rationale: According to the Official Disability Guidelines for Chronic Pain, Proton pump inhibitors are recommended for treatment of patients at risks for gastrointestinal events. These patients include: 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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. (Garcia Rodriguez, 1994) (Malfertheiner, 2009) Since the injured worker is not at risk for gastrointestinal events and since the treating physician has not defined the dosage and quantity of Prilosec, the requested treatment with Prilosec is not medically necessary.