

Case Number:	CM14-0024885		
Date Assigned:	06/11/2014	Date of Injury:	02/16/2010
Decision Date:	07/18/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 Physical Medicine & 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 injured worker is a 53-year-old female with a reported date of injury on 02/16/2010. The injury reportedly occurred due to the injured worker's repetitive use while cleaning bathrooms and lifting a heavy 80 pound trash bag. The injured worker underwent x-rays in 02/2010 and nerve conduction test, which revealed carpal tunnel syndrome. The actual x-ray and nerve conduction studies were not provided within the documentation available for review. The injured worker presented with right shoulder, right elbow, right arm, and right wrist pain. According to the clinical documentation, the injured worker underwent right wrist surgery in 2002, for which she received physical therapy and acupuncture for approximately 6 months, the results of which were not provided within the documentation available for review. Within the clinical documentation, the physician notes the injured worker underwent right elbow surgery in 02/2012, and she received 24 sessions of postsurgical physical therapy. The injured worker's diagnoses included abdominal pain, acid reflux, shortness of breath, orthopedic diagnoses, and psychiatric diagnoses. The injured worker's medication regimen included Norco, Dexilant, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines stated the ongoing management of opioid use should include the documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation available for review lacks objective clinical findings of the injured worker's functional deficits. In addition, the clinical information lacks documentation related to the therapeutic benefit of the ongoing use of Norco. In addition, the request as submitted failed to provide frequency and directions for use of Norco. Therefore, the request for 60 Norco 10/325 mg is not medically necessary and appropriate.

SHOCKWAVE THERAPY FOR THE RIGHT SHOULDER: 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), Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The Official Disability Guidelines state that extracorporeal shockwave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. Criteria for the use of extracorporeal shockwave therapy would include that injured workers whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment, and at least 3 conservative treatments have been performed prior to use of ESWT, to include rest, ice, NSAIDs, orthotics, physical therapy, or injections. The clinical information provided for review lacks documentation of a diagnosis of calcifying tendinitis in the right shoulder. In addition, there is a lack of documentation related to the use of orthotics or physical therapy or the cortisone injections. Therefore, the request for shockwave therapy for the right shoulder is not medically necessary and appropriate.

NEURONTIN 600 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin) Page(s): 18.

Decision rationale: The California MTUS Guidelines state that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy in postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. It has been given FDA approval for

treatment of postherpetic neuralgia. There is limited evidence to show that Neurontin is effective for postoperative pain, where there is fairly good evidence of the use of Gabapentin and Gabapentin-like compounds resulting in decreased opioid consumption. This beneficial effect, which may be related to anti-anxiety effect, is accompanied by increased sedation and dizziness. The clinical information provided for review lacks documentation related to the therapeutic benefit of the ongoing use of Neurontin. In addition, the clinical information lacks documentation of the injured worker's functional deficits to include range of motion values. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for 60 Neurontin 600 mg is not medically necessary and appropriate.