

<b>Case Number:</b>	CM14-0031289		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with a date of injury of 09/07/2010. The listed diagnoses per [REDACTED] are, right shoulder sprain/strain, status post 1 injection with temporary relief, rule out tendinitis, impingement, cuff tear, internal derangement; cervical spine sprain/strain, right greater than left. MRI findings of foraminal stenosis, disk lesion at C6-C7, C5-C6 with foraminal stenosis, rule out radiculitis/radiculopathy; and Right wrist and hand sprain/strain, electronegative tendinitis, carpal tunnel syndrome, initial negative NCV. According to the initial orthopedic comprehensive report dated 11/08/2013 by [REDACTED], the patient presents with cervical spine, bilateral shoulders, bilateral elbows, wrists and hands, thoracic spine, and lumbar spine pain. Examination of the cervical spine revealed forward flexion of 45 degrees, extension 55 degrees, rotation 60/60 degrees, bending 30/30 degrees. There was a decrease lordosis and palpation of the cervical spine revealed tightness, spasm, muscle guarding at trapezius and strap muscles. Positive Spurling's and foraminal compression test. Examination of the shoulders revealed flexion 160/180, extension 45/50, abduction 155/180, adduction 45/50, internal rotation 60/90, and external rotation 80/90. There is tenderness of greater tuberosities on the right. There is tenderness of paravertebral border of the scapula also on the right. There is subacromial grinding and clicking, and tenderness of rotator cuff muscles on the right. Positive impingement test was noted on the right. Examination of the elbow reveals normal range of motion, negative on all testing's with mild decrease in muscle strength on the right.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC TEST: EMG BILATERAL UPPER EXTREMITIES: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM Guidelines Special Studies And Diagnostic And Treatment Considerations, page 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 178.

**Decision rationale:** MTUS/ACOEM Guidelines page 178 states "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NVC may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks." Medical records reveal the patient had an EMG/NVC back in May of 2011. This report was not provided for review. In this case, the treating physician does not discuss any subjective complaints warranting a repeat bilateral upper extremity EMG/NCV. The request for EMG/NCV of the upper extremities is not medically necessary and appropriate.

**MRI WITH ARTHROGRAM 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 CA Mtus American College Of Occupational And Environmental Medicine (ACOEM), table 9-5, pages 207-208.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

**Decision rationale:** MTUS/ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." The Official Disability Guidelines (ODG) states that MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. In this case, the patient already had an MRI in 2011 and the treating physician does not explain why another set of MRI's are required. There are no new injuries, no significant change in the symptoms and no new findings on examination. The request for a MRI with arthrogram for the right shoulder is not medically necessary and appropriate.

**PHYSIOTHERAPY ONE TO 2 (1-2) TIMES PER WEEK FOR 6 WEEKS FOR THE RIGHT SHOULDER QTY: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Shoulder Disorders, Clinical Measures, Activity Modification, ACOEM-Shoulder Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** For physical medicine, the MTUS guidelines page 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. The treating physician is requesting 12 additional sessions which would exceed what is recommended by MTUS. The treating physician does not document any new injuries, significant flare-up resulting in decline in function to warrant additional therapy. The request for physiotherapy one to two times per weeks for six weeks for the right shoulder, quantity 12 is not medically necessary and appropriate.

**NAPROXEN SODIUM 550MG TO BE TAKEN ONE TABLE TWICE DAILY FOR INFLAMMATION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." It further states that NSAIDs are supported for the treatment of chronic LBP. Medical records indicate the patient has not been on Naproxen in the recent past. Given the patient's complaints of back pain, a trial of Naproxen would be warranted. The request for Naproxen Sodium 550 mg to be taken one tablet twice daily for inflammation is medically necessary and appropriate.

**DME: TENS UNIT FOR THE RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Tens.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114.

**Decision rationale:** According to the MUTS Chronic Pain Medical Treatment Guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the patient does not present with any of the diagnosis that MTUS allows for a trial of a TENS unit. Furthermore, when the TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. The request for a TENS unit for the right shoulder is not medically necessary and appropriate.

**DME: FOREARM BRACE 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 MTUS CA MTUS American College of Occupational and Environmental Medicine (ACOEM), page 265.

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

**Decision rationale:** The Official Disability Guidelines (ODG) has the following regarding Immobilization, "Not recommended as a primary treatment. Immobilization and rest appear to be overused as treatment." ODG further states, "Immobilization is also a major risk factor for developing adhesive capsulitis, also termed "frozen shoulder"." In this case, ODG does not recommend immobilization of the shoulder. The treating physician does not explain why a shoulder sling or forearm brace is needed to treat this patient's shoulder pain. The patient is not post-operative and the guidelines do not support immobilizing the shoulder. The request for a forearm brace for the right shoulder is not medically necessary and appropriate.

**OMEPRAZOLE 20MG, ONE TABLET TWICE A DAY FOR GASTRITIS SECONDARY TO NSAID INTAKE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS NSAIDS, GI Symptoms And Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS guidelines recommend determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no documentation of GI symptoms requiring this medication. Review of the medical records from 04/26/2013 to 11/08/2013 does not have any discussions of possible gastric irritation, peptic ulcer history, no concurrent use of ASA, etc. Furthermore, there are no symptoms that would warrant the use of this medication. The request for Omeprazole 20 mg, one table twice a day for Gastritis secondary to NSAID intake is not medically necessary and appropriate.

**CYCLOBENZAPRINE 7.5MG ONE TABLET 3 TIMES A DAY TO RELAX MUSCLES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, page 64, states "Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." In this case, medical records indicate that this patient has been prescribed Flexeril since 04/26/2013. MTUS guidelines do not recommend long-term use of muscle relaxants and recommend using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. The request for Cyclobenzaprine 7.5 mg one tablet three times a day to relax muscles is not medically necessary and appropriate.

**HYDROCODONE 10/325MG TO BE TAKEN EVERY 4-6 HOURS AS NEEDED FOR PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Opioids For Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS, Page(s): 78.

**Decision rationale:** For chronic opiates use, MTUS guidelines require specific documentations regarding pain and function. The MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. Review of the medical records on file, indicates the patient has been taking Hydrocodone since at least 04/26/2013. In the medical reports from 04/26/2013 to 11/08/2013, there are no discussions on any specific functional improvement from taking Hydrocodone. The treating physician also lacks to provide "pain assessment" and numerical scale as required by MTUS. The request for Hydrocodone 10/325 mg to be taken every 4-6 hours as needed for pain is not medically necessary and appropriate.

**TRAMADOL 150MG ONE TABLET DAILY FOR PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opiates Page(s): 78.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. In this case, the treating physician does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the patient is already on Hydrocodone and the treating physician does not discuss how it is or is not

working, making it unclear as to why another opioid is being initiated at this time. The request for Tramadol 150 mg one tablet daily for pain is not medically necessary and appropriate.