

Case Number:	CM14-0091056		
Date Assigned:	09/10/2014	Date of Injury:	09/02/1998
Decision Date:	11/07/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/17/2014

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 Pain Management 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 date of injury on September 2, 1998. On March 10, 2014, the injured worker was seen by the treating physician and complained of flared-up pain in her left shoulder due to its repetitive use. She reported that previous subacromial injection had provided her with significant relief of approximately 90 percent with return of function and return to home exercise program as well as improved activities of daily living. Examination of her left shoulder revealed tenderness over the lateral deltoid, subacromial and rotator cuff insertion. Minimal tenderness was present over the acromioclavicular joint with minimal discomfort noted on cross-arm. Provocative maneuvers including Hawkin's and Neer sign had caused pain and Speed and O'Brien's sign were mildly positive causing lateral discomfort. Range of motion was restricted motor strength of the rotator cuff was decreased. Right shoulder examination demonstrated mild tenderness over the trapezius and suprascapular as well as minimal tenderness over the lateral deltoid. Minimal discomfort was also noted on Hawkin's and Neer's. Left shoulder subacromial injection was administered. The injured worker presented to the treating physician on March 20, 2014 for reevaluation with complaints of neck and back pain with pain level of 8/10 as well as numbness. She also complained of right shoulder pain. Her medication regimen consisted of Nexium and Skelaxin once a day, Norco five times a day, and Lidoderm patches twice per day. On examination of her back, tenderness was present and her range of motion was decreased and painful. Left shoulder examination demonstrated tenderness and decreased painful flexion. She returned to the treating physician on April 9, 2014 with complaints of pain in her neck, upper extremities, shoulders, and hands. She reported that the injection to the left shoulder was helpful in reducing her symptoms. On examination, range of motion of the left shoulder was 75 percent limited due to pain and stiffness while on the right side, range of motion was limited by 50 percent with pain elicited in the acromioclavicular joint.

Tenderness was also present over the elbows. Low back range of motion produced discomfort. On May 7, 2014, the injured worker complained of pain in her neck, back and shoulders. She is allergic to Ultram, Codeine, and Toradol. She reported that since she had been off Ambien for one month, she had been experiencing significant insomnia. On examination of the right shoulder, range of motion was decreased and painful and tenderness was noted over the scapula. Examination of the neck also demonstrated decreased and painful range of motion with tenderness and hypertonicity as well as trigger point identified over the bilateral superior trapezius. Urine drug screening done on June 11, 2014 showed positive alprazolam and Hydrocodone. Hydrocodone confirmed prescription of Norco. There was however no alprazolam medication listed. The injured worker followed-up with the treating physician on July 9, 2014 with complaints of neck and back pain. Her medication consisted of Norco five times a day and Horizant once a day. Lumbar spine examination revealed decreased painful range of motion. On September 16, 2014, the injured worker was seen at the emergency room with complaint of exacerbation of her neck and back pain. On examination, diffuse tenderness was present over the para-cervical C6-C7 area and left shoulder. Paraspinal tenderness was also noted over L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Short term usage Muscle Relaxants

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

Decision rationale: Medical records did not document objective evidence of musculoskeletal spasm. Furthermore, there was no explicit documentation of spasm relief from long term use of this medication, which is not supported by the guidelines. Therefore, continued use of Skelaxin is not reasonably indicated. The California Medical Treatment Utilization Schedule guidelines state that muscle relaxants are recommended as a second-line option for short-term treatment only of acute exacerbation of pain. Therefore, the requested service is not considered medically necessary.

Ambien 10mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Sleep Aids

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Zolpidem (Ambien)

Decision rationale: There were no attempts of behavior modification as well as failed trial of other treatments to address sleep disturbance. Prolonged use of this medication is not supported by the Official Disability Guidelines which specified that Ambien is approved for short-term (usually two to six weeks) treatment of insomnia and that proper sleep hygiene is critical to the individual with chronic pain. Therefore, the requested Ambien is not considered medically necessary.

Norco 10/325mg QTY: 150: Upheld

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

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

Decision rationale: The injured worker's satisfactory response to the prescribed opioid therapy including measurable gains in terms of pain relief and functional improvement was not documented. The California Medical Treatment Utilization Schedule guidelines state that for long-term users of opioids, reassessment documenting pain and functional improvement in comparison to the baseline is warranted. Therefore, the requested Norco is not considered medically necessary.

Nexium 40MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors

Decision rationale: The injured worker has no complaint of gastric disturbance that has failed to improve with Omeprazole or Lansoprazole. In the absence of appropriate indication, long term use of Nexium is therefore not medically necessary. The Official Disability Guidelines note that use of proton pump inhibitor should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Furthermore, the guidelines specified that a trial of omeprazole or Lansoprazole is recommended before Nexium therapy. Therefore, the requested Nexium is not considered medically necessary.

Lidoderm 5% QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: Use of Lidoderm patch has been designated for injured workers with neurological impairment and intolerance to antidepressants and anticonvulsants. Since this is not the case of the injured worker, the prescription of Lidoderm patch is therefore not in accordance with the California Medical Treatment Utilization Schedule guideline, which designates that Lidocaine is indicated for neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Therefore, the requested service is not considered medically necessary.

Trigger Point Injections Cervical Spine Musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Criteria Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Some of the criteria for the use of trigger point injections as enumerated in the California Medical Treatment Utilization Schedule guidelines were not satisfied. The guidelines stipulated that before considering trigger point injection, symptoms should have persisted for more than three months and medical management therapies such as ongoing stretching exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants have failed to control pain. Medical records did not document failure to improve with more conservative therapies. The injured worker presented on April 9, 2014 with no active trigger point; however, during her follow-up visit on May 7, 2014, she has had objective evidence of circumscribed trigger point. Since initial approaches to treatment were not exhausted for the span of three months, trigger point injection is therefore not a viable treatment option. It is not considered medically necessary.