

Case Number:	CM14-0179707		
Date Assigned:	11/04/2014	Date of Injury:	01/26/2011
Decision Date:	04/03/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old female, who sustained an industrial injury reported on 1/26/2011. She has reported for post-left shoulder surgery follow-up, stating she felt 80% improved, and complained of neck and back pain. The history noted a second claim number with the date of injury, 9/12/2013. The diagnoses were noted to have included frozen left shoulder status-post left shoulder arthroscopy, subacromial decompression and acromioclavicular joint resection and debridement; status-post lumbar spine decompression and fusion; chronic low back pain post operatively; post-operative left lower extremity radiculitis; and depression. Treatments to date have included consultations; diagnostic urine, laboratory and imaging studies; chiropractic treatments; physical therapy; epidural steroid injection therapy (5/20/14); lumbar laminotomy & micro discectomy (2/11/14) and left shoulder arthroscopy with decompression. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled post-operatively/permanent and stationary (as of 9/23/14 - 10/23/14). Follow-up re-evaluation was noted to be in 1 month, however, the next re-evaluation noted is for 12/2/2014, and then 1/6/2015. On 10/15/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 10/14/2014, for Diclofenac XR 100mg #60; Omeprazole 20mg #60; and a left shoulder ultrasound guided Lidocaine and Dexamethasone injection. The Medical Treatment Utilization Schedule, chronic pain medical treatment, trigger point injections, non-steroidal anti-inflammatory drugs & gastrointestinal/cardiovascular risks; and the Official Disability Guidelines, shoulder, criteria for steroid injections, pain Diclofenac, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac XR 100 mg, DOS 9/23/14: Upheld

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

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

Decision rationale: Retrospective request for Diclofenac XR 100mg, DOS 09/23/2014 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on NSAIDs. The medication is therefore not medically necessary.

Retrospective request for left shoulder ultrasound guided injection, DOS 9/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Steroid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Extremity Complaints | Treatment Consideration.

Decision rationale: Retrospective request for left shoulder ultrasound guided injection, DOS 09/23/14 is not medically necessary. CA MTUS guidelines references ODG and states that invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e. strengthening exercises and nonsteroidal anti-inflammatory drugs for two to three weeks. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. The guidelines recommend at least 2-3 weeks of conservative therapy prior to attempting steroid injections of the shoulder. The medical records document extensive invasive treatment to the left shoulder including decompression and acromioclavicular joint resection. It is not likely that the anatomy is well enough preserved to responds to steroid injection to the joint even with ultrasound guidance; therefore, the requested service is not medically necessary.

Retrospective request for Omeprazole 20 mg # 60 DOS 9/23/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 and 70-71.

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

Decision rationale: Omeprazole 20mg #60 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there is possible GI effects, then another line of agent should be used for example acetaminophen. Omeprazole is therefore, not medically necessary.