

<b>Case Number:</b>	CM14-0201694		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of September 1, 2008. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve requests for Naprosyn, omeprazole, Menthoderm, and a shoulder corticosteroid injection. Neurontin and Flexeril were partially approved. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 24, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of elbow pain. The applicant was not working, it was acknowledged. The attending provider gave the applicant diagnoses of elbow pain secondary to cumulative trauma and myofascial pain syndrome. The applicant was kept off of work. The applicant went on to receive a percutaneous tenotomy of the right elbow surgery to ameliorate a preoperative diagnosis of right medial epicondylitis on October 24, 2014. The applicant previously underwent an earlier percutaneous tenotomy procedure on June 6, 2014 to ameliorate a preoperative diagnosis of right lateral epicondylitis. In a handwritten note dated June 11, 2014, the applicant was again placed off of work through July 11, 2014 while Naprosyn, omeprazole, Flexeril, and Neurontin were endorsed. Trigger point injections were performed. The applicant was given diagnoses of elbow epicondylitis, neck pain, and myofascial pain syndrome. On August 1 2014, the applicant was given a knee corticosteroid injection. The applicant had previously been placed off of work via a work status report of June 6, 2014. Many of the handwritten progress notes contained little to no discussion of medication efficacy. On September 18, 2014, the applicant was again given refills of Naprosyn, Prilosec, Flexeril, Neurontin, and Menthoderm, again without any explicit discussion of medication efficacy. Once again, the applicant was placed off of work.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Right shoulder intra-articular injection (20610) 5cc 1% lido and 40mg kenalog:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, page 213.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, prolonged or frequent use of cortisone injections into the subacromial space of the shoulder joint are deemed "not recommended." Here, the attending provider has sought and/or performed numerous injections at various points in 2014, including percutaneous elbow tenotomy injections/elbow corticosteroid injections, trigger point injections, etc. Throughout all of this time, the applicant has remained off of work. While ACOEM Chapter 9, Table 9-6, page 213 does support two to three subacromial corticosteroid injections over an extended period of time as part of a rehabilitation program to treat impingement syndrome, small rotator cuff tears, or rotator cuff inflammation, in this case, however, all evidence on file suggested that the applicant is intent on remaining off of work and is not intent on using the proposed shoulder corticosteroid injection as an adjunct to a program of functional restoration/exercise rehabilitation program. Rather, it appears that the applicant and/or attending provider are intent on performing various and sundry injections involving various body parts, including the shoulder on a frequent or regular basis. The frequent and protracted injection therapy being sought here, thus, runs counter to the principle espoused in ACOEM Chapter 9, Table 9-6, page 213. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #90 3 bottles filled:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is using a variety of other oral and topical agents. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 90-tablet supply of Cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Mentherm cream 120grams #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Functional Restoration Approach to Chronic Pain Management Page(s): 105; 7.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical salicylates such as Mentherm are recommended in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's handwritten progress notes were difficult to follow, not entirely legible, and did not seemingly include any explicit discussion of medication efficacy. The fact that the applicant remains off of work, on total temporary disability, coupled with the fact that the applicant remains dependent on various forms of injection therapy, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request was not medically necessary.

**Naprosyn 550mg #100 2 bottles filled:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's handwritten progress notes did not contain any explicit discussion of medication efficacy. The fact that the applicant remains off of work, on total temporary disability, however, suggests a lack of functional improvements as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. The applicant's dependence on various forms of injection therapy, including frequent trigger point injections/tender point injections and elbow corticosteroid injections, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

**Neurontin 600mg #100 3 bottles filled:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability. Ongoing usage of Neurontin (Gabapentin) has failed to curtail the applicant's dependence on frequent injection therapy, including trigger point injections and elbow corticosteroid injections. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin (Gabapentin). The attending provider's handwritten progress notes contain little-to-no discussion of medication selection or medication efficacy. Therefore, the request was not medically necessary.

**Omeprazole 20mg #100 1 bottle filled:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, the handwritten progress notes, referenced above, were difficult to follow, not entirely legible, and contained no explicit references to or mention of reflux, heartburn, or dyspepsia, either NSAID-induced or stand-alone. Therefore, the request was not medically necessary.