

Case Number:	CM14-0207569		
Date Assigned:	12/19/2014	Date of Injury:	08/16/2013
Decision Date:	02/24/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 44 year old male with an injury date of 08/16/13. As per progress report dated 07/30/14, the patient complains of pain and weakness in the right upper extremity. Physical examination of the cervical spine reveals 80% normal range of motion. The impingement and adduction signs are positive in the right shoulder with flexion and extension at 160 degrees, external rotation at 70 degrees, and internal rotation at 30 degrees. There is tenderness to palpation in the medial and lateral epicondyle and the right forearm. The Compression, Tinel's and Phalen's sign are positive in the right wrist. In progress report dated 07/02/14, the patient notes soreness and weakness in shoulder or neck. The aching pain is rated at 5/10. The patient has found some relief due to cortisone injections in his right elbow and wrist, as per progress report dated 07/30/14. Medications, as per the same progress report, include Norco, Naproxen and Omeprazole. The patient is temporarily disabled, as per progress report dated 07/30/14. MRI of the Right Elbow, 10/17/13, as per QME report dated 04/28/14: Slight increased signal on the ulnar nerve posterior to medial epicondyle suggesting minimal neuritis, Mild biceps tendinosis Diagnoses, 07/30/14: Rotator cuff dis NEC, Cervicalgia, Lesion of ulnar nerve, Carpal tunnel syndrome, Medial epicondylitis, Contusion of elbow, Diabetes. The treater is requesting for (a) MRI OF (R) ELBOW (b) STELLATE GANGLION BLOCKS X 3 (c) ADDITIONAL CHIROPRACTIC X 6 (d) VOLTAREN 1% GEL 2 gm TWICE DAILY (e) NARCO EVERY FOUR HOURS AS NEEDED (f) OMEPRAZOLE 20 mg, TWO (2) TIMES PER DAY (g) NAPROXEN SODIUM 550 mg, TWO (2) TIMES PER DAY. The utilization

review determination being challenged is dated 11/24/14. Treatment reports were provided from 04/28/14 to 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 10: Elbow Disorders Chapter (Revised 2008), page 601-2 and on the Non-MTUS Official Disability Guidelines (ODG), Elbow Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter (acute & chronic) - MRI's

Decision rationale: The request is for MRI of right elbow. The pain is rated at 5/10, as per progress report dated 07/02/14. ODG guidelines, Elbow chapter (acute & chronic) - MRI's, states that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." In this case, the injured worker has tenderness in the medial and lateral epicondyle and is status post contusion of elbow (date not mentioned), as per progress report dated 07/30/14. The injured worker has also had an MRI of the right elbow on 10/17/13, as per QME report dated 04/28/14. ODG guidelines allow for repeat MRIs only when there is a "significant change in symptoms and/or findings suggestive of significant pathology." The injured worker is not post-op; there are no red flags; and the injured worker does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request is not medically necessary.

Stellate Ganglion blocks x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS; Regional sympathetic blocks Page(s): 39-40; 103-104.

Decision rationale: The request is for Stellate Ganglion Blocks x 3. The pain is rated at 5/10, as per progress report dated 07/02/14. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant

benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." In this case, the progress reports do not discuss stellate ganglion blocks. However, in a chiropractic report dated 09/04/14, the treating physician states that the injured worker has clear signs of CRPS and requests for a "physical medicine and rehabilitation physician familiar with cervical ganglion blocks for the CRPS..." While MTUS does support stellate ganglion blocks for such cases, repeat blocks are recommended only with continued improvement. Hence, the need for SGB X 3 without documentation of improvement in symptoms appears excessive. This request is not medically necessary.

Additional chiropractic x 6: 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), Pain Chapter, Physical Therapy; Elbow Chapter, Manipulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Therapy Page(s): 58-59.

Decision rationale: The request is for Additional Chiropractic x 6. The pain is rated at 5/10, as per progress report dated 07/02/14. MTUS guidelines, pages 58-59, allow up to 18 sessions of treatments following initial trial of 3-6 if functional improvements can be documented. In this case, the injured worker has already been approved for chiropractic treatment. In progress report dated 07/30/14, the treating physician states that the injured worker "has been recently hospitalized to undergo chiropractic treatments." The treating physician also states that "He desires chiropractic treatment for his neck and shoulder, which appears to be a derivative of injury. He's been authorized to see a chiropractor and is scheduled for his first evaluation next week." Although the report does not mention the number of sessions that have been approved for the injured worker, MTUS requires documentation of functional improvements for additional chiropractic therapy. Hence, this request is not medically necessary.

Voltaren 1% gel 2gm twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams; Topical Analgesics; Medications for chronic pain Page(s): 111, 113; 60, 61.

Decision rationale: The request is for Voltaren 1% Gel 2 gm twice daily. The pain is rated at 5/10, as per progress report dated 07/02/14. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for

peripheral joint arthritis and tendinitis. In this case, none of the available progress reports discuss Voltaren gel. The injured worker does suffer from chronic pain and weakness in the right upper extremity including peripheral joints such as hands and wrists. However, the treating physician does not indicate how it's being used with what effectiveness. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

Norco every 4 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60-61; 88-89; and 76-78.

Decision rationale: The request is for Norco every four hours as needed. The pain is rated at 5/10, as per progress report dated 07/02/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, only two progress reports dated 07/30/14 and 07/02/14 are available for review and both the reports include a prescription for Norco. The treating physician, however, does not provide any other details about the medication. There is no documentation of a change in the pain scale or a measurable increase in function. No UDS or CURES reports have been provided for review. There is no discussion about the side effects of the medication as well. Additionally, the request does not include the quantity or intended duration of use. MTUS guidelines require a clear documentation of the 4As, including analgesia, ADLs, adverse side effects and aberrant behavior, for chronic opioid use. This request is not medically necessary.

Omeprazole 20mg, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, proton pump inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The request is for Omeprazole 20 mg, two times per day. The pain is rated at 5/10, as per progress report dated 07/02/14. MTUS page 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia

secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only two progress reports dated 07/30/14 and 07/02/14 are available for review and both the reports include a prescription for Omeprazole and Naproxen (NSAID). The purpose of the drug is to "protect his stomach," as per progress report dated 07/30/14. However, the treating physician does not document any current symptoms of medication-induced gastritis. There is no quantity or intended duration of use in the request. Additionally, the injured worker is under 65 years of age, and there is no history of gastrointestinal issues in him. The treating physician does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.

Naproxen Sodium 550mg, two (2) times per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60-61; and 22.

Decision rationale: The request is for Naproxen Sodium 550 mg, two times per day. The pain is rated at 5/10, as per progress report dated 07/02/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, only two progress reports dated 07/30/14 and 07/02/14 are available for review and both the reports include a prescription for Naproxen. The treating physician, however, does not discuss any functional benefit or pain reduction from the medication. Additionally, the request does not include quantity and intended duration of use. The request is not medically necessary.