

Case Number:	CM15-0103573		
Date Assigned:	06/08/2015	Date of Injury:	02/12/1999
Decision Date:	09/18/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/29/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 45-year-old female, who sustained an industrial injury on February 12, 1999. She reported neck pain, left shoulder pain, left upper extremity pain and upper and lower back pain after a patient pulled hard on her left arm while she was assisting the patient off of the stool. The injured worker was diagnosed as having disorder of the rotator cuff, cubital tunnel syndrome, injury of brachial plexus, status post three left shoulder surgeries, myofascial pain and neck sprain. Treatment to date has included diagnostic studies, conservative care, medications, a spinal cord stimulator and work restrictions. Currently, the injured worker complains of continued neck pain, left shoulder pain, left upper extremity pain and upper and lower back pain. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 6, 2015, revealed an inconsistent urinary drug screen. Evaluation on April 2, 2015, revealed continued pain. It was noted the spinal cord stimulator was revised and an internal pulse generator was placed. She reported benefit with the new implanted device. A left shoulder injection, a follow up visit and medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subscapular block: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder: Nerve Blocks.

Decision rationale: CAMTUS are silent on this topic. The ODG state "Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections." Further guidelines state, "Pulsed radiofrequency, or cold radiofrequency, is recommended as an option. Suprascapular nerve block improves pain, range of motion, and disability in acute and chronic shoulder pain. Pain relief usually lasts several hours with just local anesthetic. If steroids are added, the relief lasts several weeks." The submitted documentation does not include the diagnosis intended to treat. It does discuss the form of block, analgesic, steroid or pulse therapy. Without this, the request cannot be considered in terms of the guidelines. The request for a suprascapular nerve block is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. Prilosec is not medically necessary based on the MTUS.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. The toxicology report included in the record demonstrated inconsistent results. The request for Norco analgesia is not medically necessary.

Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: According to CAMTUS, Carisoprodol (Soma) is not recommended. Additionally, it is not recommended for long-term use. It is unclear from the submitted records how the IW has been taking this medication, but documentation does support a 60-tablet refill. Past use and efficacy of this medication is not documented. It is unknown if there is functional improvement from this treatment. There is no documentation of an acute injury. As this medication is not supported by guidelines, the request for Soma is determined not medically necessary.

Alprazolam 0. 5mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Ca MTUS guidelines state that benzodiazepines are "not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Furthermore, guidelines limited treatment duration to 4 weeks. Records do not indicate how long the IW has been taking this medication, but does support a refill of 45 tablets. Past use and efficacy of this medication is not documented. It is unknown if there is functional improvement from this treatment. Without this information and the ongoing use, the request is not within CA MTUS guideline. The request for Alprazolam is not medically necessary.