

Case Number:	CM15-0132285		
Date Assigned:	07/20/2015	Date of Injury:	11/21/2011
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old female patient who sustained an industrial injury on 11/21/2011. The accident was described as while working as a store manager she encountered acute trauma when an automobile hood fell down on top of the patient's head resulting in injury sustained to head, neck, shoulders, right hand, and lumbar spine. Treatment given to the worker included activity modifications, medications, diagnostic testing, back brace, physical therapy, acupuncture, chiropractic care. A more recent primary treating office visit dated 04/17/2015 reported subjective complaint of having continued bilateral shoulder pain accompanied by numbness/tingling to bilateral hands. She has difficulty sleeping. She was diagnosed with the following: left shoulder impingement; radiography scan showed degenerative joint disease; cervical spine strain/sprain with left arm radiculitis; lumbar spine strain/sprain with negative electrodiagnostic results; right shoulder strain/sprain, and right wrist carpal tunnel syndrome, tendonitis and DeQuervain's. The plan of care noted recommendation to administer Steroid injections to the right side initially, and to obtain an orthopedic consultation regarding the left shoulder. The patient is to continue with home exercise program. A recent magnetic resonance imaging study done on 04/08/2015 revealed the left shoulder is noted the study was limited due to the large habitus of the client. There was edema noted at the rotator interval suggestive of either adjacent tendon pathology or adhesive capsulitis. A primary follow up dated 01/07/2015 reported subjective complaint of having increased pain and less functional improvement this visit. There is noted increased pain to the left shoulder, back and neck; along with bilateral upper extremity weakness and pain. She is also with complaint of having difficulty sleeping and

noted increased anxiety/depression secondary to situation. The following treating diagnoses were applied: chronic cervical and lumbar spine intervertebral disc displacement without myelopathy/radiculopathy; chronic right carpal tunnel syndrome, and bilateral shoulder internal derangement. The worker's employer was unable to accommodate modified work duty forcing the worker to take an unpaid leave of absence on 11/25/2014. The plan of care noted the patient with recommendation to continue therapy assisting functional improvement, home exercise/stretching, seek orthopedic, pain management, and psychiatrist consultation, and undergo a magnetic resonance imaging study of the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Sacroiliac Blocks.

Decision rationale: Regarding the request for Left sacroiliac joint block, guidelines recommend sacroiliac blocks as an option if the patient has failed at least 4 to 6 weeks of aggressive conservative therapy. The criteria include: history and physical examination should suggest a diagnosis with at least three positive exam findings and diagnostic evaluation must first address any other possible pain generators. Within the documentation available for review, there is indication of at least three positive examination findings suggesting a diagnosis of sacroiliac joint dysfunction and but not failure of conservative treatment directed towards the sacroiliac joint for at least 4-6 weeks. Additionally, it is unclear whether all other possible pain generators have been addressed. In the absence of clarity regarding these issues, the currently requested Left sacroiliac joint block is not medically necessary.

Ultracet 37.5/325mg #60 (Rx 04/28/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms

of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.

Omeprazole 20mg #60 (Rx 04/28/15): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs) and Other Medical Treatment Guidelines Gastroenterol Hepatol (N Y). 2008 May; 4(5): 322, 325; www.drugs.com, www.accessdata.fda.gov.

Decision rationale: Regarding the request for omeprazole, California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Studies show long term use of this medication has serious side effects. In addition this medication is not indicated for long term use. Its use for the treatment of gastroesophageal reflux is approved at 20mg once daily for up to 8 weeks. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use or a risk for gastrointestinal events with NSAID use. In addition, use of this medication for gastroesophageal disease is indicated only for up to 8 weeks. In light of the above issues, the currently requested omeprazole is not medically necessary.