

Case Number:	CM15-0164761		
Date Assigned:	09/02/2015	Date of Injury:	10/31/2008
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female who sustained an industrial-work injury on 10-31-08. She reported an initial complaint of right and left shoulder, neck, and left wrist pain. The injured worker was diagnosed as having bilateral shoulder pain, cervical strain, and left wrist pain. Treatment to date includes medication, surgery (right shoulder in 6-2013), diagnostics, physical therapy, injection, and activity modification. MRI results were reported on 1-24-13. Currently, the injured worker complained of right shoulder pain rated 8 out of 10, left shoulder pain rated 5 out of 10, low back pain rated 6 out of 10, cervical pain rated 5 out of 10, left elbow pain rated 5 out of 10, and left-right wrist-hand pain rated 6-7 out of 10. Per the primary physician's report (PR-2) on 7-15-15, exam noted, no signs of infection in right shoulder post- surgery, flexion 80 degrees, abduction 70 degrees, internal-external rotation 40 degrees. There was tenderness in left shoulder, flexion 140 degrees, abduction 130 degrees. Lumbar spine had tenderness with range of motion, diminished sensation in left L5-S1 dermatomal distribution. Cervical spine had tenderness with range of motion and limited. Phalen's and Tinel's were positive bilaterally. There was diffuse tenderness at left elbow. There was spasm of the cervical trapezius. The requested treatments include Hydrocodone 10/325mg #60 (prescribed 6/24/15), Hydrocodone 10/325mg #60 (prescribed 7/15/15), Retrospective Naproxen 550mg #90 (dispensed 6/24/15), Retrospective Naproxen 550mg #90 (dispensed 7/15/15), Retrospective Pantoprazole 20mg #90 (dispensed 6/24/15), Retrospective Pantoprazole 20mg #90 (dispensed 7/15/15), and Extracorporeal shockwave therapy to the right shoulder 1 time a week for 30min each session, 3 sessions total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 (prescribed 6/24/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is also currently being prescribed Tramadol for pain. Hydrocodone 10/325mg #60 (prescribed 6/24/15) is not medically necessary.

Hydrocodone 10/325mg #60 (prescribed 7/15/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is also currently being prescribed Tramadol for pain. Hydrocodone 10/325mg #60 (prescribed 7/15/15) is not medically necessary.

Retrospective Naproxen 550mg #90 (dispensed 6/24/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient reported significant functional improvement and pain relief with the continued use of Naproxen. I am reversing the previous utilization review decision. Retrospective Naproxen 550mg #90 (dispensed 6/24/15) is medically necessary.

Retrospective Naproxen 550mg #90 (dispensed 7/15/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient reported significant functional improvement and pain relief with the continued use of Naproxen. I am reversing the previous utilization review decision. Retrospective Naproxen 550mg #90 (dispensed 7/15/15) is medically necessary.

Retrospective Pantoprazole 20mg #90 (dispensed 6/24/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. Patient has a history of GI upset associated with NSAID use. I am reversing the previous utilization review decision. Retrospective Pantoprazole 20mg #90 (dispensed 6/24/15) is medically necessary.

Retrospective Pantoprazole 20mg #90 (dispensed 7/15/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. Patient has a history of GI upset associated with NSAID use. I am reversing the previous utilization review decision. Retrospective Pantoprazole 20mg #90 (dispensed 7/15/15) is medically necessary.

Extracorporeal shockwave therapy to the right shoulder 1 time a week for 30min each session, 3 sessions total: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: Extracorporeal shock wave therapy is not recommended by the guidelines. Limited evidence exists regarding extracorporeal shock wave therapy (ESWT) in reducing pain and improving function. While it appears to be safe, there is disagreement as to its efficacy. Insufficient high quality scientific evidence exists to determine clearly the effectiveness of this therapy. According to the Official Disability Guidelines extracorporeal shockwave therapy is recommended only for calcifying tendinitis but not for other shoulder disorders. Extracorporeal shockwave therapy to the right shoulder 1 time a week for 30min each session, 3 sessions total is not medically necessary.