

Case Number:	CM15-0182993		
Date Assigned:	09/23/2015	Date of Injury:	05/28/2009
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: Internal 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 51 year old female who sustained an industrial injury on 5-28-09 to her neck and left shoulder. She is currently working per 5-8-15 note. The medical records indicate that the injured worker was being treated for cervical sprain-strain syndrome with C5-6 discopathy and left-sided radiculopathy; left shoulder impingement syndrome; left shoulder tendinosis; right knee contusion with chondromalacia; gastrointestinal disorder; sleep disturbance. She currently (5-8-15) complains of ongoing neck pain with aggravation to the left upper extremity described as achy, stabbing. Her pain level is 6-7 out of 10; burning pain in the right knee (6 out of 10). She uses transdermal creams daily and they are helpful. On physical exam of the cervical spine there was midline tenderness, spasm and tightness in the paracervical musculature, Spurling's maneuver was positive on the left, range of motion was mildly reduced with pain with chest-to-chest flexion; left shoulder exam revealed scapular tenderness and spasms on palpation with acromioclavicular joint tenderness and lateral deltoid pain, painful and reduced range of motion, pain with force flexion and abduction against resistance; right knee exam revealed tenderness on palpation to the infrapatellar area with bilateral joint line mild tenderness. The physical exams were unchanged from 1-22-15 through 5-8-15. Records from 10-31-14 to 5-8-15 indicate that her overall pain level was consistent between 6-7 out of 10 and on 10-31-14 her bilateral knees were rated with a pain level of 5 out of 10. Diagnostics included MRI of the left shoulder (12-29-14) showed signs of intra-articular inflammation but cannot ascertain if there was rotator cuff pathology. There was indication per the 10-14-15 note that an MRI and electromyography-nerve conduction study (specific areas of testing were not indicated)

were ordered for 11-18-14 but no record of results was present. Treatments to date include medications: transdermal creams, Prilosec (the 1-22-15 note indicates that she is taking tramadol, Prilosec and transdermal creams which are beneficial); she is currently not attending therapy per 1-22-15 through 5-8-15 notes. The request for authorization dated 8-18-15 was for Ultram 50mg #90; Prilosec 20mg #90; Flurbi NAP cream; gabacyclotram cream 180 grams; shockwave therapy for the left shoulder once per week for three weeks; shockwave therapy to the left elbow once per week for three weeks; electrodiagnostic testing of the upper extremities. On 9-8-15 Utilization Review evaluated and non-certified the requests for Ultram 50mg #90 based on no documentation of pain relief to include decreased VAS scores, monitoring with urine drug screen or a narcotic contract; Prilosec 20mg #90 based on lack of documentation of gastrointestinal issues; Flurbi NAP cream based on no support for use per guidelines; gabacyclotram cream 180 grams based on no provided rationale to use topical tramadol rather than oral form; shockwave therapy for the left shoulder once per week for three weeks based on no documentation of the injured worker having tried and failed other more appropriate first-line treatment measures prior to considering electric shock wave therapy; shockwave therapy to the left elbow once per week for three weeks based on no documentation of the injured worker having tried and failed other more appropriate first-line treatment measures prior to considering electric shock wave therapy; electrodiagnostic testing of the upper extremities based on no documentation of progressive neurological findings, deficits, no documentation of previous treatments and diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg one po bid #90: Upheld

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): Opioids for chronic pain.

Decision rationale: According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates, this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication, has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Prilosec 20mg one po bid #90: Upheld

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: According to CA MTUS (2009), proton pump inhibitors, such as Prilosec are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaint in this injured worker. Based on the available information provided for review, the medical necessity for Prilosec has not been established.

Flurbi NAP cream LA: Upheld

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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least one non-recommended drug (or drug class) is not recommended for use. Flurbiprofen is used as a topical NSAID. It has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). There is no documentation in the submitted Medical Records that the injured worker has failed a trial of antidepressants and anticonvulsants. Dose, frequency and quantity has not been specified. In this injured worker, the medical necessity for the requested topical cream has not been established. Therefore, as per guidelines stated above, the requested topical cream is not medically necessary.

Gabaclotram cream 180gm: Upheld

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): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Gabapentin. One of the ingredients of Gabapentin is gabapentin. MTUS states that gabapentin is not recommended topically. There is no peer-reviewed literature to support use. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.

Shockwave therapy for left shoulder once a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care.

Decision rationale: As per MTUS/ACOEM Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Initial use of less-invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. Review of submitted Records indicates that injured worker is complaining of ongoing neck pain and aching left upper extremity. As per progress notes in the Medical Records, the injured worker does not appear to have any significant changes in her chronic symptoms, and there is no evidence of calcifying tendinitis. The requested treatment: Shockwave therapy for left shoulder once a week for three weeks is not medically necessary and appropriate.

Shock wave therapy for left elbow once a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Sprain of Elbow, Lateral Epicondylalgia, Medial Epicondylalgia.

Decision rationale: As per MTUS/ACOEM Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. Despite

improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment. Patient's at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Initial use of less-invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. Review of submitted Records indicates that injured worker is complaining of ongoing neck pain and achy left upper extremity. As per progress notes in the Medical Records, the injured worker does not appear to have any significant changes in her chronic symptoms. The requested treatment: Shock wave therapy for left elbow once a week for three weeks is not medically necessary and appropriate.

Electrodiagnostic testing of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the CA MTUS, ACOEM guidelines state electrodiagnostic studies are recommended "when the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected." EMG-NCV studies of the arms may be indicated for median or ulnar nerve impingement after failure of conservative treatment. EMG-NCV is not recommended as a routine in a diagnostic evaluation or screening in clients without symptoms. The ODG regarding nerve conduction studies (NCS) states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. EMGs (electromyography) are recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The objective findings on examination did not include evidence of neurologic dysfunction such as sensory, reflex, or motor system change. There were no symptoms or findings that define evidence of a peripheral neuropathy. Records do not indicate, injured worker has changes in chronic symptoms. There was insufficient information provided by the attending health care provider to establish the medical necessity or rationale for the requested electro diagnostic studies. The Requested Treatment: Electrodiagnostic testing of the bilateral upper extremities is not medically necessary and appropriate.