

Case Number:	CM15-0185587		
Date Assigned:	09/25/2015	Date of Injury:	09/13/2013
Decision Date:	11/02/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old male, who sustained an industrial injury on September 13, 2013. He reported neck pain, low back pain with radiating, pain, numbness and tingling to the bilateral lower extremities and shoulder pain with increased pain, tingling and numbness in the hands. The injured worker was diagnosed as having bilateral subacromial bursitis, bilateral acromioclavicular (AC) joint arthritis, cervical and lumbar radiculopathy, status post microdiscectomy of the left lumbar (L) 4-5 and L5-Sacral (S) 1 with 40-50% improvement noted. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the lumbar spine, lumbar epidural steroid injection (March, 2014, with "no help"), left shoulder steroid injection (November, 2014, with "some relief for 10 days"), medications, electrodiagnostic studies, physical therapy and work restrictions. Currently on an August, 2015 evaluation, the injured worker continues to report headaches, sleep disruptions, neck pain, low back pain with radiating, pain, numbness and tingling to the bilateral lower extremities and shoulder pain with increased pain, tingling and numbness in the hands. Evaluation on March 23, 2015, revealed neck pain, low back pain with radiating, pain, numbness and tingling to the bilateral lower extremities and shoulder pain with increased pain, tingling and numbness in the hands. He noted the pain and numbness was worsening in the left hand. He rated his pain using a visual analog scale (VAS) from 1-10 with 10 being the worst at 4-5 without medications and at 2 with medications. He noted the medications helped the pain but did not provide adequate pain control. Medications included Gabapentin, Tramadol, Flexeril and Naproxen. It was noted surgical intervention of the left shoulder was requested on April 10,

2015. Electrodiagnostic studies on April 13, 2015, revealed bilateral ulnar neuropathy at the elbows with no evidence of cervical radiculopathy. Evaluation on April 20, 2015, revealed continued pain. He noted he was doing worse with increased pain. He rated his pain using the VAS at 4-5. He noted Tramadol made him vomit. He reported gastrointestinal upset, constipation, nausea and vomiting with medication use. He also noted Tramadol was not controlling the pain. Medications were continued. Symptoms were noted to continue on the May 18, 2015. He rated his pain at 3-4 on the VAS. It was noted Cymbalta was ineffective, caused sleepiness and gastrointestinal upset. Evaluation on July 9, 2015, noted the injured worker had failed time, oral medications, injections and physical therapy. It was noted he did not wish to use physical therapy any more secondary to increased pain. Evaluation on July 13, 2015, revealed continued pain and gastrointestinal upset. Omeprazole was added. Evaluation on July 27, 2015, revealed continued pain rated at 4-5 on the VAS. It was noted Effexor was ineffective and discontinued. Tylenol #3 was started. Lumbar transforaminal epidural steroid injection was administered on August 27, 2015. Surgical intervention of the left shoulder was scheduled for September 18, 2015. The RFA included requests for associated surgical services: Cold therapy unit w/pad purchase that was modifies and Phenergan 25mg #30 and Vicoprofen 7.5mg #40 and were non-certified on the utilization review (UR) on September 1, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: Cold therapy unit w/pad purchase: 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), Shoulder, Continuous flow cryotherapy.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the request is not medically necessary.

Vicoprofen 7.5mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/27/15. Therefore the request is not medically necessary.

Phenergan 25mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anti-emetics.

Decision rationale: CA MTUS/ACOEM is silent on the issue of promethazine (Phenergan). According to the ODG Chronic Pain Chapter, Anti-emetics is used to counteract opioid induced nausea for a period of less than 4 weeks. In this case there is insufficient evidence from the records of 7/27/15 opioid induced nausea to warrant the use of Phenergan. Therefore the request is not medically necessary.