

<b>Case Number:</b>	CM15-0188222		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand 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 64 year old female, who sustained an industrial injury on 06-10-2010. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical spine spondylosis status post C4-6 fusion, status post left shoulder rotator cuff tear repair, status post carpal tunnel release, thumb carpometacarpal osteoarthritis, and bilateral elbow lateral epicondylitis. Treatment and diagnostics to date has included cervical spine surgery, left shoulder surgery, wrist surgery, and medications. Current medications include Gabapentin and Omeprazole. After review of progress notes dated 07-14-2015 and 08-28-2015, the injured worker reported cervical spine pain, left shoulder pain, and bilateral wrist and hand symptoms. Objective findings included positive impingement sign to left shoulder with decreased range of motion, bilateral wrist tenderness (left greater than right), and positive Tinel's. The request for authorization dated 08-28-2015 requested ultrasound of the left shoulder, left thumb surgery, Prilosec 20mg 1 by mouth every day #30, and Neurontin 300mg 1 my mouth three times a day #90. The Utilization Review with a decision date of 09-14-2015 non-certified the request for Ultrasound of the left shoulder, left thumb surgery, Prilosec 20mg 1 by mouth every day #30, and Neurontin 300mg 1 by mouth three times a day #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the left shoulder:** Overturned

**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 Chapter, Ultrasound, diagnostic.

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

**Decision rationale:** ODG supports shoulder ultrasound as follows: Ultrasound, diagnostic. Recommended as indicated below. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. In this case, the patient continues to have shoulder pain despite surgery. She underwent bilateral shoulder ultrasounds in February 2014. This study showed rotator cuff tears. A repeat study following surgery is indicated to assess the current status of her shoulder repair. The requested treatment is medically necessary.

**Left thumb surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand 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) CMC arthroplasty.

**Decision rationale:** The patient has undergone thumb surgery in the past for arthritis. She has had cortisone injections. The records do not offer a clear explanation of exactly what "thumb surgery" is planned. Without a clear operative plan, the request for thumb surgery is not medically necessary.

**Prilosec 20mg #30:** 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:** MTUS regarding the use of proton pump inhibitors (PPI) such as Protonix, for prophylaxis use indicates that the following risk factors should be present, "(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 (e.g., NSAID + low-dose ASA)." Documentation provided does not suggest that the patient has any of the noted risk factors noted above and the Prilosec is recommended not medically necessary. She is on NSAIDS, but MTUS does not endorse PPI for every patient on NSAIDS.

**Neurontin 300mg #90:** Overturned

**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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Per MTUS, page 18: Gabapentin (Neurontin, Gabarone TM, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records continue to indicate that the patient has ongoing neuropathic pain. Her response to gabapentin has been inconsistent but gabapentin is one of the few effective treatments for neuropathic pain and as such is medically necessary.