MAXIMUS Federal Services

Case Number:	CM15-0193910		
Date Assigned:	10/07/2015	Date of Injury:	03/14/2010
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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, Indiana, Oregon
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 48 year old female who sustained an industrial injury on 3-14-10. A review of the medical records indicates she is undergoing treatment for discogenic lumbar condition with MRI showing disc herniation or bulging at L3-S1, discogenic cervical condition with MRI showing disc bulging at C5-C6, although radiculopathy was noted initially at C6-C7, impingement syndrome of the right shoulder with bicipital tendonitis, partial rotator cuff tear, AC joint involvement, internal derangement of the left knee with MRI showing fluid along the knee as well as patellar cartilage thinning, carpal tunnel syndrome bilaterally, chest wall contusion, and chronic pain syndrome due to secondary inactivity resulting in weight gain of 30 pounds, depression, industrial sleep disorder, and gastrointestinal irritation. Medical records (5-28-15 to 9-15-15) indicate ongoing complaints of neck pain, low back pain, right shoulder pain, and right wrist pain. She has also complained of left knee pain. The physical exam (8-3-15) reveals tenderness on the rotator cuff and biceps on the right shoulder. Abduction is noted to be "about 125 degrees with shrugging and discomfort". The treating provider indicates that the injured worker has weakness to resistance, external rotation, and abduction. She has full strength with internal rotation on the right side. Positive impingement and Hawkin's signs are noted. Speed's test is negative on the right side. "Mild" tenderness is noted at the acromioclavicular joint. She denies tenderness along the posterior capsule on the right shoulder. Diagnostic studies have included MRIs of the cervical spine and right shoulder, as well as nerve conduction studies of bilateral upper extremities. Treatment has included physical therapy, a home exercise program, cortisone injections into the right shoulder, and medications. Her current (8-3-15)

medications include Norco 10-325, Naproxen 550mg, Protonix 20mg, and Gabapentin 600mg. A request for authorization includes Norco 10-325 #90, Naproxen 550mg #60, Protonix 20mg #60, Gabapentin 600mg #90, and right shoulder arthroscopic decompression, modified Mumford procedure, evaluation of labrum and biceps. The utilization review (9-24-15) indicates denial of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

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. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore the request is not medically necessary.

60 Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

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

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam notes. Therefore the request is not medically necessary.

60 Protonix 20mg: Upheld

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

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

Decision rationale: The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request is not medically necessary.

90 Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore the request is not medically necessary.

1 arthroscopic decompression, modified Mumford procedure, evaluation of labrum and biceps tendon for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Partial claviculectomy, Biceps tenodesis, Surgery for SLAP lesions.

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

Decision rationale: Based upon the CA MTUS Shoulder Chapter, pgs 209-210 recommendations are made for surgical consultation when there are red flag conditions, activity limitations for more than 4 months and existence of a surgical lesion. The Official Disability Guidelines Shoulder section, Partial Claviculectomy, states surgery is indicated for post traumatic AC joint osteoarthritis and failure of 6 weeks of conservative care. In addition there should be pain over the AC joint objectively and/or improvement with anesthetic injection. Imaging should also demonstrate post traumatic or severe joint disease of the AC joint. In this case, there has been no injection in the AC joint. The request is not medically necessary.