

Case Number:	CM15-0196429		
Date Assigned:	10/12/2015	Date of Injury:	10/30/2009
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41 year old female sustained an industrial injury on 10-30-09. Documentation indicated that the injured worker was receiving treatment for chronic myofascial pain syndrome to the cervical spine and thoracolumbar spine, cervical spine radiculopathy, bilateral shoulder impingement, right wrist sprain and strain and non-steroidal anti-inflammatory medications induced gastritis. In the only documentation submitted for review, a PR-2 dated 9-16-15, the injured worker complained of pain to the right wrist, neck, upper and lower back. The injured worker also reported an aggravation of the "painful movements" of both shoulders. The injured worker rated her pain 8 out of 10 on the visual analog scale. The injured worker reported that Prilosec had been helping alleviate her abdominal pain. The injured worker stated that she had seen greater than 50% improvement in her depression and insomnia with Wellbutrin. Trigger point injections had improved her mobility for more than six weeks at a time allowing her to perform activities of daily living. Physical exam was remarkable for "slightly restricted" cervical and lumbar spine range of motion in all planes, "moderately" reduced bilateral shoulder range of motion, multiple myofascial trigger points and taut bands throughout the cervical spine, thoracic spine, lumbar spine and shoulders with positive neck compression test, positive right shoulder impingement, "slightly" decreased right wrist range of motion with decreased sensation to the first and second digit and decreased right hand grip strength at +4 out of 5. The treatment plan included steroid injections to bilateral shoulders, gastrointestinal evaluation and gastroscopic examination for evaluation of non-steroidal anti-inflammatory medications induced gastritis and medications (Tramadol-APAP and Wellbutrin). On 9-18-15, Utilization Review noncertified a request for Tramadol-APAP 37.5-325mg #120 x six weeks, Wellbutrin SR 100mg #90 x six weeks and bilateral shoulder injections and modified a request for gastrointestinal evaluation and gastroscopic exam to gastrointestinal evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 09/16/15 with right wrist, bilateral shoulder, neck, upper back, and lower back pain rated 8/10 without medications. The patient's date of injury is 10/30/09. The request is for Tramadol/APAP 37.5/325mg #120. The RFA is date 09/16/15. Physical examination dated 09/16/15 reveals positive cervical compression test, multiple myofascial trigger points and taut bands throughout the cervical/thoracic/lumbar paraspinal musculature, trapezius, levator scapulae, scalenes, and gluteal muscles. The provider also notes moderately decreased right shoulder range of motion, positive impingement test on the right, decreased sensation in the 1st and 2nd digits of the right hand, and decreased right grip strength. The patient is currently prescribed Wellbutrin, Tramadol, and Prilosec. Patient is currently classified as temporarily totally disabled. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Guidelines, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In regard to the continuation of Ultracet for the management of this patient's chronic pain, the request is not supported per MTUS. Progress note dated 09/16/15 (the only progress

note provided) has the following regarding medication efficacy: "greater than 70-80% improvement in both her overall pain and ability to perform activities of daily living with greater ease such as sitting, standing, walking, bending, cooking, bathing, sleeping, and socializing." The provider also states that this patient does not display and aberrant behaviors and that there is no evidence of illicit drug use or diversion (though no urine toxicology reports were provided for review). MTUS guidelines require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, adequate 4A's documentation has been provided, as there is evidence of analgesia, no evidence that this patient is non-compliant with her medications, and some degree of functional improvement attributed to medications, albeit vague. More importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." While it is unclear how long exactly this patient has been taking Ultracet, without evidence of significant surgical intervention or a condition which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate and the patient should be weaned. Therefore, this request is not medically necessary.

Steroid injection Qty: 2: Overturned

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) Shoulder Chapter, under Steroid Injections.

Decision rationale: The patient presents on 09/16/15 with right wrist, bilateral shoulder, neck, upper back, and lower back pain rated 8/10 without medications. The patient's date of injury is 10/30/09. The request is for Steroid Injection qty: 2. The RFA is date 09/16/15. Physical examination dated 09/16/15 reveals positive cervical compression test, multiple myofascial trigger points and taut bands throughout the cervical/thoracic/lumbar paraspinal musculature, trapezius, levator scapulae, scalenes, and gluteal muscles. The provider also notes moderately decreased right shoulder range of motion, positive impingement test on the right, decreased sensation in the 1st and 2nd digits of the right hand, and decreased right grip strength. The patient is currently prescribed Wellbutrin, Tramadol, and Prilosec. Patient is currently classified as temporarily totally disabled. ODG Guidelines, Shoulder Chapter, under Steroid Injections has the following: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. One trial found mean improvements in disability scores at six weeks of 2.56 for physical therapy and 3.03 for injection, and at six months 5.97 for physical therapy and 4.55 for injection. Variations in corticosteroid/anesthetic doses for injecting shoulder conditions among orthopaedic surgeons, rheumatologists, and primary-care sports medicine and physical medicine and rehabilitation physicians suggest a need for additional investigations aimed at establishing uniform injection

guidelines. There is limited research to support the routine use of subacromial injections for pathologic processes involving the rotator cuff, but this treatment can be offered to patients. Intra-articular injections are effective in reducing pain and increasing function among patients with adhesive capsulitis. Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (e.g., pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In regard to the steroid injections to the bilateral shoulders, the request is appropriate. There is no evidence in the records provided that this patient has undergone any steroid injections for her shoulder complaints. In this case, the patient is diagnosed with bilateral impingement syndrome and presents with worsening pain in the shoulders, which is poorly controlled via conservative measures to date. Such procedures are considered appropriate as an option for patients with chronic shoulder pain. Given this patient's diagnosis and presentation, steroid injections could produce some functional benefits and improve this patient's course of care. Therefore, the request is medically necessary.

GI evaluation and gastroscopic exam: 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 American Society of Gastrointestinal Endoscopy, Volume 75, No. 6, 2012 (www.asge.org/assets/0/71542/71544/28549c5c-8b0e-4050-a588-11791c75ceb2.pdf).

Decision rationale: The patient presents on 09/16/15 with right wrist, bilateral shoulder, neck, upper back, and lower back pain rated 8/10 without medications. The patient's date of injury is 10/30/09. The request is for GI evaluation and gastrscopic exam. The RFA is date 09/16/15. Physical examination dated 09/16/15 reveals positive cervical compression test, multiple myofascial trigger points and taut bands throughout the cervical/thoracic/lumbar paraspinal musculature, trapezius, levator scapulae, scalenes, and gluteal muscles. The provider also notes moderately decreased right shoulder range of motion, positive impingement test on the right, decreased sensation in the 1st and 2nd digits of the right hand, and decreased right grip strength. The patient is currently prescribed Wellbutrin, Tramadol, and Prilosec. Patient is currently classified as temporarily totally disabled. ACOEM, MTUS and ODG do not address such diagnostic procedures. However, the Journal of the American

Society of Gastrointestinal Endoscopy, Volume 75, No. 6, 2012

(www.asge.org/assets/0/71542/71544/28549c5c-8b0e-4050-a588-11791c75ceb2.pdf) has the following: "The indications and relative contraindications for doing each of the endoscopic procedures are listed in the following. These guidelines are based on a critical review of available information and broad clinical consensus. Clinical considerations may justify a course of action at variance with these recommendations. GI endoscopy is generally indicated: 1. If a change in management is probable based on results of endoscopy. 2. After an empirical trial of therapy for a suspected benign digestive disorder has been unsuccessful. 3. As the initial method of evaluation as an alternative to radiographic studies. 4. When a primary therapeutic procedure is contemplated. GI endoscopy is generally not indicated: 1. When the results will not contribute to a management choice. 2. For periodic follow-up of healed benign disease unless surveillance of a premalignant condition is warranted. GI endoscopy is generally contraindicated: 1. When the risks to patient health or life are judged to outweigh the most favorable benefits of the procedure. 2. When adequate patient cooperation or consent cannot be obtained. 3. When a perforated viscus is known or suspected." In regard to the request for a GI evaluation with gastroscopy, the patient does not meet guideline criteria. Per progress note date 09/16/15, the provider states the following regarding this request: "Under separate cover letter, I have filed an appeal for Prilosec for treatment of NSAIDs-induced gastritis... As the utilization review physician needs objective findings the patient needs to be evaluated by a GI specialist and will also need authorization to undergo gastroscopic examination to continue treatment for NSAIDs-induced gastritis." It appears as though the provider is requesting a GI consult and gastroscopy solely to satisfy utilization review demands for objective GI assessment prior to the use of Prilosec. While the provider is correct that an appropriate GI assessment is required prior to PPI utilization, a standard point-of-care GI assessment during physical examination and a thorough documentation of subjective complaints, GI history, diet, etc., will suffice for such medications. Per ASGE guidelines, GI endoscopy is not generally indicated except in cases where a change in medical management is probable based on the endoscopy results, and is not supported in cases where the desired treatment is primarily therapeutic. In this case, the use of GI endoscopy simply to allow for PPI utilization is excessive and cannot be substantiated. The request is not medically necessary.