

Case Number:	CM15-0198271		
Date Assigned:	10/13/2015	Date of Injury:	10/05/2012
Decision Date:	12/22/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 10-05-2012. The injured worker was being treated for adhesive capsulitis of the right shoulder, thoracic sprain, myofascial pain, cervical sprain, and gastritis. Medical records (7-9-2015) indicate the injured worker reported that his entire back hurt. In addition, he reported that he feels stomach irritation when he takes his medications. The injured worker reported his pain was rated: 6 out of 10 neck and 8 out of 10 low back on 7-9-2015. Medical records (8-12-2015, 9-9-2015) indicate ongoing neck, mid to upper back, right shoulder, and low back pain. The injured worker did not report any gastrointestinal symptoms. The injured worker reported his pain was rated 7 out of 10 with medications and 8 out of 10 without medications on 9-9-2015. The physical exam (7-9-2015, 8-12-2015, 9-9-2015) reveals stiffness and tightness mostly on the right trapezius, right neck, medial border of the right scapular area, and right-sided thoracic paravertebrals at the T7-8 (thoracic 7-8) level. There is restricted cervical range of motion. There is normal thoracic spine range of motion. There is restricted right shoulder flexion and abduction with pain after 140 degrees. There is no winging of the right scapulae. There is forward flexion 6 inches from the ground. The physical exam did not include a gastrointestinal assessment. On 9-23-2014, a whole body nuclear bone scan was normal. On 9-24-2014, an MRI of the thoracic spine revealed multilevel intervertebral disc narrowing and broad-based disc bulges without significant foraminal encroachment or significant central canal stenosis. There was a 2-3 millimeter posterior disc protrusion at T11-12 (thoracic 11-12) with minimal mass effect upon the ventral aspect of the thoracic cord. On 9-24-2014, an MRI of the lumbar spine revealed degenerative

disc disease of the thoracolumbar spine without significant central canal stenosis. There was minimal mass effect upon the distal thoracic cord at the T11-12 level and mild facet degeneration at the lower lumbar levels. On 9-24-2014, an MRI of the right shoulder revealed adhesive capsulitis with superimposed impingement. Per the treating physician (8-12-2015 report), a urine drug screen was performed on this date, but the results were not included in the provided medical records. Treatment has included a home exercise program and medications including Tramadol since at least 6-2015, Flexeril since at least 7-2015, and Prilosec since at least 7-2015. On 9-9-2015, the requested treatments included an orthopedic surgeon for the right shoulder, an MRI of the cervical spine, Flexeril 10mg, Prilosec 20mg, and Tramadol 50mg. On 9-22-2015, the original utilization review non-certified requests for an orthopedic surgeon for the right shoulder, an MRI of the cervical spine, Flexeril 10mg, Prilosec 20mg, and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon for right shoulder: Upheld

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

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

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation may be indicated for patients who have: Red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.). Activity limitation for more than four months, plus existence of a surgical lesion. Failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion. Clear clinical and imaging evidence of a lesion that has been show to benefit, in both the short and long term, from surgical repair. In addition, the American College of Occupational and Environmental Medicine Occupational Medicine Practice Guidelines, 2nd Edition referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request. Orthopedic surgeon for right shoulder is not medically necessary.

Flexeril 10mg #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): Cyclobenzaprine (Flexeril).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this

patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Flexeril 10mg #30 is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #60 is not medically necessary.

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. MRI cervical spine is not medically necessary.

Tramadol 50mg #60: 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: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Tramadol 50mg #60 is not medically necessary.