

Case Number:	CM15-0030790		
Date Assigned:	03/04/2015	Date of Injury:	10/04/2012
Decision Date:	07/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 51 year old female, who sustained an industrial injury on 10/4/12. She has reported right shoulder injury after bending over the passenger side of the car to grab computer. The diagnoses have included degenerative osteoarthritis right acromioclavicular joint, rotator cuff impingement, torn glenoid labrum, and bicipital tendinitis. Treatment to date has included medications, surgery and physical therapy. Surgery included arthroscopy right shoulder with debridement of torn glenoid labrum, bicipital tendon release and distal clavicle resection on 1/15/14. Currently, the injured worker complains of complications post surgery 1/15/14 of chronic neck pain with balance impairment. She reports ongoing neck pain with radiation into her shoulder. She states that once therapy starts this causes her to have balance deficits. The therapy was discontinued because of this reason. Magnetic Resonance Imaging (MRI) of the cervical spine dated 10/18/13 revealed degenerative changes, disc bulge with bilateral osteophytes, stenosis, and disc protrusion. Magnetic Resonance Imaging (MRI) of the right shoulder dated 10/18/13 revealed tendinopathy with high signal intensity in the humeral attachment, which may represent a tear and degenerative fraying of the biceps labral complex. Physical exam revealed inspection of wounds in the injured workers right shoulder were benign. Active range of motion showed forward flexion 120 degrees with abduction 90 degrees, external rotation 90 degrees and internal rotation of the thumb to L5. Strength was grossly 5/5 and distal subjective sensation was intact. Treatment was evaluation by pain specialist for neck pain and balance deficits and re-start therapy for the shoulder. The primary physician note dated 10/23/14 noted right shoulder pain with tingling in the hand and tightness in the muscles around the right shoulder. The shoulder range of motion was very limited and there was parasthesia to the right hand. The current medications listed were Norco, Soma and Gabapentin. Work status was to remain off work. On 1/28/15 Utilization Review non-certified a request for Lyrica (pregabalin)

75 mg. capsules 1 tab 2 times daily #60, Cervical EMG/NCV, 12 lead electrocardiogram (EKG) and Right cervical stellate ganglion block, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain pages 16, 29, 39 and 78, (MTUS) Medical Treatment Utilization Schedule, (ACOEM) Occupational Medicine Practice Guidelines chapter 8 neck and upper back complaints page 178, Official Disability Guidelines (ODG) low back pain guidelines were cited. On 1/28/15 Utilization Review modified a request for Levo-Dormoran 2 mg 1-2 tablets every 8 hours #60 modified to Levo-Dormoran 2 mg 1-2 tablets every 8 hours #30 to aid in weaning. Modified Norco 10/325 mg 1-2 every 4 hours #240 modified to Norco 10/325 mg 1-2 every 4 hours #120 to aid in weaning; and modified Soma 350 mg 1 tablet daily #120 modified to Soma 350 mg 1 tablet daily #60 to aid in weaning, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain pages 16, 29, 39 and 78 guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica (pregabalin) 75 mg. capsules 1 tab 2 times daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 29, 39 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 40-41.

Decision rationale: According to MTUS guidelines pain management for CRPS includes anticonvulsants (particularly gabapentin). It is noted in the documentation that the pain management doctor ordered gabapentin for the IW on 1/13/15 and the Lyrica was ordered on 1/21/15. There is no notation that the IW was to stop the gabapentin nor an indication as to why dual therapy would be warranted. This request is not medically necessary.

Cervical EMG/NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: Per ODG guidelines EMG is recommended (needle, not surface) as an option in selected cases While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality or some problem other than a cervical radiculopathy, but these studies can result in unnecessary over treatment. Due to the concern for false positive EMG given the lack of neurologic findings consistent with a radiculopathy the EMG is not medically necessary and appropriate.

Levo-Dormoran 2 mg 1-2 tablets every 8 hours #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 29, 39 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

12 lead EKG: 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) low back pain chapter.

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

Decision rationale: Preoperative electrocardiogram (EKG) is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors. EKGs are not indicated for low risk procedures. The EKG was requested as a preoperative evaluation for stellate ganglion block which is considered a low risk procedure. This request is not medically necessary.

Right cervical stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 29, 39, and 78.

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

Decision rationale: Per ODG guidelines, it is recommend to do local anesthetic sympathetic blocks for limited, select cases, as indicated below. Specifically, it is recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. Criteria for use include evidence that all other diagnoses have been ruled out before consideration of use and there should be evidence that the Budapest (Harden) criteria have been evaluated for and fulfilled. There is limited documentation in the case file as to prior work up and treatment and thus the criteria are not met. This request is not medically necessary.

Norco 10/325 mg 1-2 every 4 hours #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 29, 39 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

Decision rationale: Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

Soma 350 mg 1 tablet daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 29, 39 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: Per MTUS guidelines, Soma is not recommended for longer than a 2 to 3 week period. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The documentation was poorly legible and no notation of spasm was noted. The request is not medically necessary and appropriate.