MAXIMUS Federal Services

Case Number:	CM15-0030996		
Date Assigned:	02/25/2015	Date of Injury:	08/23/2001
Decision Date:	04/09/2015	UR Denial Date:	01/21/2015
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: 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 08/23/2001. She has reported pain in the left shoulder and upper extremity. The diagnoses have included left elbow strain/lateral epicondylitis; left forearm flexor and extensor tenosynovitis with carpal tunnel syndrome/left de Quervain's syndrome; and status post left shoulder arthroscopy, performed in December 2013. Treatment to date has included medications, bracing, and surgical intervention. Medications have included Ultram and Neurontin. A progress note from the treating physician, dated 12/30/2014, documented a follow-up visit with the injured worker. The injured worker reported moderate to severe pain in the left shoulder with numbness; and pain is rated at 7-8/10 on the visual analog scale. Objective findings included tenderness to palpation over the left subacromial region, acromioclavicular joint, and periscapular musculature; positive impingement test; and range of motion of the left shoulder is decreased with crepitus. The treatment plan has included requests for left subacromial injection and prescription medications. On 01/20/2015 Utilization Review noncertified a prescription for Left subacromial injection under ultrasound guidance; modified a Prescription for Ultram Extended Release 150 mg quantity 30 with two refills, to 1 prescription of Ultram ER 150 mg #23 between 12/30/2014 and 4/16/2015; and noncertified a Prescription of Neurontin 600 mg, quantity 60 with two refills. The MTUS, ACOEM was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a Left subacromial injection under ultrasound guidance; a Prescription for Ultram Extended Release 150 mg quantity 30 with two refills; and a Prescription of Neurontin 600 mg, quantity 60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left subacromial injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder Chapter, under Steroid Injections.

Decision rationale: The 51 year old patient presents with pain in the left shoulder with decreased range of motion, as per progress report dated 12/30/14. The request is for left subacromial injection under ultrasound guidance. The RFA for the case is dated 12/30/14, and the patient's date of injury 08/23/01. The patient is status post left shoulder arthroscopy in December 2013, as per progress report dated 12/30/14. The patient has been diagnosed with AC joint disease, subchondral cyst in the humeral head, supraspinatus and infraspinatus tendinosis, lateral epicondylitis, left elbow strain, and left forearm tenosynovitis and left carpal tunnel syndrome. The progress reports do not document the patient's work status.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 orthopedic 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."In this case, the treater is requesting left subacromial injection under ultrasound guidance in progress report dated 12/30/14. The treater does not explain the purpose of the injection, and there is no indication of past injections. While the injection may benefit the patient, it is unclear why the treater is requesting ultrasound guidance, as it is generally not recommended for this procedure. The requested ultrasound guidance is excessive and not medically substantiated. Therefore, the request is not medically necessary.

Prescription for Ultram Extended Release 150 mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78, 88-89.

Decision rationale: The 51 year old patient presents with pain in the left shoulder with decreased range of motion, as per progress report dated 12/30/14. The request is for prescription for Ultram extended release 50 mg quantity 30 with two refills. The RFA for the case is dated 12/30/14, and the patient's date of injury 08/23/01. The patient is status post left shoulder arthroscopy in December 2013, as per progress report dated 12/30/14. The patient has been diagnosed with AC joint disease, subchondral cyst in the humeral head, supraspinatus and infraspinatus tendinosis, lateral epicondylitis, left elbow strain, and left forearm tenosynovitis and left carpal tunnel syndrome. The progress reports do not document the patient's work status. MTUS Guidelines 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 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs."In this case, a prescription for Ultram was first noted in progress report dated 09/03/14, and the patient has been using the medication consistently at least since then. In progress report dated 12/30/14, the treater states that medications help reduce the pain from 7-8/10 to 3-4/10. Medications also help the patient perform ADLs and improve participation in HEP. However, the treater does not use a validated scale to demonstrate a measurable increase in function. No CURES and UDS reports are available for review. There is no documentation of side effects as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.

Prescription of Neurontin 600mg, quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: The 51 year old patient presents with pain in the left shoulder with decreased range of motion, as per progress report dated 12/30/14. The request is for prescription of Neurontin 600 mg quantity 60 with 2 refills. The RFA for the case is dated 12/30/14, and the patient's date of injury 08/23/01. The patient is status post left shoulder arthroscopy in December 2013, as per progress report dated 12/30/14. The patient has been diagnosed with AC joint disease, subchondral cyst in the humeral head, supraspinatus and infraspinatus tendinosis, lateral epicondylitis, left elbow strain, and left forearm tenosynovitis and left carpal tunnel syndrome. The progress reports do not document the patient's work status. MTUS has the following regarding Neurontin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpeutic neuralgia and has been considered as a first-line treatment for neuropathic pain."In this case, a prescription for Neurontin was firs noted in progress report dated 09/03/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/30/14, the

treater states that medications help reduce the pain from 7-8/10 to 3-4/10. Medications also help the patient perform ADLs and improve participation in HEP. However, this information is not specific to Neurontin. Additionally, there is no diagnosis of neuropathic pain for which Neurontin is indicated. Hence, the request is not medically necessary.