

Case Number:	CM15-0045952		
Date Assigned:	03/18/2015	Date of Injury:	06/08/2012
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania

Certification(s)/Specialty: 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 50-year-old female with a reported date of injury of 06/08/2012. The diagnoses include right shoulder strain/sprain and calcific tendinopathy, lumbar spine strain/sprain, status post open reduction of fracture of the left ankle, and status post open reduction of fracture of the left distal fibula. Additional diagnoses include anxiety, gastrointestinal (GI) upset with medications, and hypertension. Treatments to date have included chiropractic treatment, acupuncture, lumbar spine epidural steroid injection, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, medications, ankle surgery, walking boot, and a cane. X-ray of the right shoulder on 10/14/14 showed degenerative osteophytes of the distal clavicle and the acromion, and globular calcification over the lateral humeral head, which may reflect calcific tendinosis. MRI of the lumbar spine on 3/5/13 showed compression fracture of T12, disc degeneration at L5-S1 with posterior disc protrusion without impingement. Electromyogram/nerve conduction study of 10/24/12 showed acute right L5 and S1 lumbosacral radiculopathy. Norco was prescribed since August 2014, naproxen was prescribed since October 2014, and Prilosec was prescribed since November of 2014. The progress report dated 02/02/2015 indicates that the injured worker had right shoulder pain, rated 6 out of 10; lumbar spine pain, rated 6-7 out of 10; left ankle pain, rated 5 out of 10. Her functional status was worse since the last examination. Review of systems was positive for gastritis. The objective findings include an antalgic gait, difficulty walking, lumbar and lumbosacral tenderness, tenderness of the left ankle medial joint line, decreased lumbar range of motion, normal lower extremity strength and sensation, positive straight leg raise on the right,

decreased left ankle range of motion, tenderness of the right shoulder in the acromioclavicular joint, biceps tendon groove, and superior deltoid, pain and weakness of the right shoulder, positive Hawkins and Neer's signs on the right, and intact sensation. Work status was noted as temporarily totally disabled. The physician documented increasing shoulder pain, that chiropractic treatment did not help and that physical therapy helps briefly, and that a MRI was recommended to rule out rotator cuff tear. On 2/10/15, Utilization Review (UR) non-certified requests for MRI of the lumbar spine, Naproxen 550mg #60, with one refill, Prilosec 20mg #30, with one refill, Norco 5/325mg #60, and an MRI of the right shoulder, citing the ACOEM, MTUS, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: MRI.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI is recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. The ODG states that repeat MRI is indicated when there is significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neuro-compression, or recurrent disc herniation. In this case, the injured worker has had chronic low back pain. The treating physician documented that the reason for the requested MRI was to rule out stenosis. Prior MRI from 2013 showed disc degeneration at L5-S1 without impingement. Recent examination showed normal lower extremity strength and sensation. No signs suggestive of significant pathology to warrant repeat MRI were documented. Due to lack of significant change in symptoms or findings suggestive of significant pathology, the request for MRI of the lumbar spine is not medically necessary.

Naproxen 550 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. The injured worker has been prescribed naproxen for 5 months for chronic back and shoulder pain. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS; although blood pressure was measured, there was no documentation of laboratory monitoring. There was no documentation of functional improvement as a result of use of naproxen. Work status remains temporarily totally disabled, there was no discussion of improvements in activities of daily living or reduction in medication use, and office visits continue at the same frequency. Due to length of use in excess of the guidelines, lack of functional improvement, and potential for toxicity, the request for naproxen is not medically necessary.

Prilosec 20 mg, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,
GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The injured worker has been prescribed naproxen, a NSAID, and prilosec, a PPI. Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were documented for this injured worker. In addition, the associated NSAID (naproxen) has been determined to be not medically necessary. The physician noted diagnosis of gastrointestinal upset with medications, but the specific medication was not noted, and review of systems was positive for gastritis, without further discussion of this diagnosis. There are no medical reports which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms;

the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Due to lack of specific indication and lack of adequate GI evaluation, the request for prilosec is not medically necessary.

Norco 5/325 mg, sixty count with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 - 80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Norco has been prescribed for at least 6 months for chronic back and shoulder pain. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies" and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled, there was no documentation of improvement in activities of daily living or reduction in medication, and office visits have continued at the same frequency. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. An opioid contract was not documented. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. One urine drug screen from October 2014 was performed on the date of an office visit rather than as a random collection as recommended by the guidelines, and was reported as inconsistent. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. For patients with limitations of activity after four weeks and unexplained physical findings, such as effusion or localized pain, imaging may be indicated to clarify the diagnosis and assist reconditioning. Primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Magnetic resonance imaging (MRI) may be the preferred investigation because it demonstrates soft tissue anatomy better. It is relatively better able to identify or define pathology such as rotor cuff tear, recurrent dislocation, tumor, and infection. The injured worker did undergo a course of conservative care to the right shoulder with medications and therapy; however, there was no documentation of effusion or localized pain, red flag, evidence of tissue insult or neurovascular dysfunction, failure of a strengthening program intended to avoid surgery, or plan for an invasive procedure. Plain x-ray was consistent with calcific tendinosis. Physical therapy was noted to be helpful. Due to lack of presence of criteria for imaging as per the guidelines, the request for MRI of the right shoulder is not medically necessary.