

Case Number:	CM15-0087325		
Date Assigned:	05/11/2015	Date of Injury:	04/12/2007
Decision Date:	09/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

This is a 64 year old male with an April 12, 2007 date of injury. A progress note dated April 8, 2015 documents subjective findings (neck pain rated at a level of 5 ½ /10; back pain rated at a level of 6 ½ /10; right knee pain rated at a level of 6 ½ /10; bilateral hand pain rated at a level of 5 ½ /10; numbness going down both upper and lower extremities; pins and needles sensation in the right upper extremity; bilateral shoulder pain; right wrist pain; numbness and tingling of both hands), objective findings (tenderness and guarding of the cervical spine; tenderness bilaterally about the biceps tendon as well as the acromioclavicular joint; diminished strength of the bilateral shoulders mostly due to pain; tenderness to the incision over the first carpometacarpal joint of the right wrist; positive Tinel's sign of the bilateral wrists; tenderness and guarding of the lumbar spine with spasms; tenderness with well-healed arthroscopic portals of the right knee; joint line tenderness), and current diagnoses (cervical strain; L4-5 annular tearing; right knee pain following arthroscopy with chondromalacia noted at the time of surgery; bilateral carpal tunnel syndrome; stress syndrome; insomnia; L4-5, L5-S1 disc protrusion, gastroesophageal reflux disease and irritable bowel syndrome; bilateral shoulder bursitis with rotator cuff injury). Treatments to date have included right knee surgery (April 12, 2010), magnetic resonance imaging of the shoulders, right carpal tunnel release, transcutaneous electrical nerve stimulator unit (helpful), and medications. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included corticosteroid injections of the shoulders, x-rays of the right knee, right wrist, and bilateral shoulders, Ultram, Prilosec, and Gabapentin, and re-evaluation in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Corticosteroid injections, one per shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The MTUS states that 2 or 3 subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears may be recommend. The patient's symptomology is not indicative of the above indications and has remained unchanged for an extended period. In addition, there is no mention of conservative management as recommended in the MTUS. Corticosteroid injections, one per shoulder is not medically necessary.

X-ray of the right wrist: 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) forearm, wrist and hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Radiography.

Decision rationale: The Official Disability Guidelines recommend a hand or wrist x-ray for red flags or for trauma and suspected fracture or dislocation. An x-ray may also be indicated for chronic wrist pain as the first study obtained and the patient was chronic pain with or without prior injury, or no specific area of pain specified. X-ray of the right wrist is not medically necessary.

X-ray of both shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), radiography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: According to the MTUS, the 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, or clarification of the anatomy prior to an invasive procedure. The medical record is lacking documentation in any of the above criteria. X-ray of both shoulders is not medically necessary.

Ultram 50 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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. Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Ultram, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Ultram 50 mg #90 with 2 refills is not medically necessary.

Prilosec 20 mg #60 with 2 refills: 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), pain, proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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 Prilosec. Prilosec 20 mg #60 with 2 refills is not medically necessary.

Gabapentin 600 mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600 mg #90 with 2 refills is not medically necessary.