

Case Number:	CM15-0089289		
Date Assigned:	05/13/2015	Date of Injury:	06/19/2014
Decision Date:	07/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/08/2015

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, Hawaii

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 47 year old female, who sustained an industrial injury on June 19, 2014 while working as an energy specialist. The injured worker developed neck, left shoulder and left upper extremity complaints secondary to repetitive duties. The diagnoses have included cervical herniation, cervical spondylosis, left shoulder rotator cuff tendinosis , left shoulder impingement syndrome, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and left carpal tunnel syndrome. Treatment to date has included medications, radiological studies, electro-diagnostic studies, bracing and physical therapy. An MRI of the left shoulder dated January 27, 2015 noted the injured worker had a left superior labrum, anterior to posterior tear. Current documentation dated April 9, 2015 notes that the injured worker reported constant neck and left shoulder pain. The pain was characterized as aching, burning, sharp, shooting stabbing and throbbing. Examination of the left shoulder revealed tenderness to palpation over the anterior shoulder region and periscapular region. Range of motion was noted to be painful and restricted. Provocative testing was positive. Stability testing was negative. Examination of the left elbow and forearm revealed tenderness to palpation of the lateral and medial epicondyles. Range of motion was noted to be full. An ulnar nerve Tinel's sign and an elbow flexion test were positive. Examination of the left wrist and hand revealed tenderness and a full range of motion. Sensation was decreased globally. A Tinel's sign, Phalen's maneuver, Finkelstein's test and a carpal tunnel compression test were positive. The treating physician's plan of care included requests for Naproxen # 60, Omeprazole 20 mg # 60, Cyclo-benzaprine 7.5 mg # 60 and retrospective trigger point injections to the left upper scapula with a date of service April 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (anaprox) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with diagnoses of cervical herniation, cervical spondylosis, left sholder rotator cuff tendinosis, left shoulder impingement syndrome, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and left carpal tunnel syndrome. An MRI of the left shoulder dated 1/27/15 revealed a left superior labrum, anterior to posterior tear. The patient currently complains of constant neck and left shoulder pain. The current request is for Naproxen (anaprox) #60. In the report dated, 4/9/15 (15B), the treating physician states, "Therefore the patient will be prescribed and dispensed Anaprox as an anti-inflammatory (NSAID) for pain and inflammation. The next treatment report dated, 4/23/15 (26B) notes under the treatment plan section," continue anaprox-DS tablet. MTUS guidelines for medications for chronic pain state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The records provided do not indicate when the patient began treating with this medication and nor does the clinical history address if the patient is receiving a benefit from this medication. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. Without any discussion regarding the medication's efficacy, it cannot be considered medically necessary. Additionally, MTUS Guidelines page 8 require that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the clinical history has failed to document the efficacy of this mediation. Therefore, the current request is not medically necessary.

Omeprazole 20mg (prilosec) #60: Overturned

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

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

Decision rationale: The patient presents with diagnoses of cervical herniation, cervical spondylosis, left sholder rotator cuff tendinosis, left shoulder impingement syndrome, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and left carpal tunnel

syndrome. An MRI of the left shoulder dated 1/27/15 revealed a left superior labrum, anterior to posterior tear. The patient currently complains of constant neck and left shoulder pain. The current request is for Omeprazole 20mg (prilosec) #60. In the 4/9/15 (17B) treating report the physician states, "heartburn admits, taking medication", the report goes on to document "Prilosec was provided at this office today." The next treatment report dated, 4/23/15 (26B) notes under the treatment plan section, "continue Prilosec." MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The patient has been taking NSAIDs for an unknown duration of time, and the treating physician documents dyspepsia and GI issues. Use of PPI with documentation of gastric issues is supported by the guidelines. This request is medically necessary.

Cyclobenzaprine (Flexeril 7.5) # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with diagnoses of cervical herniation, cervical spondylosis, left shoulder rotator cuff tendinosis, left shoulder impingement syndrome, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and left carpal tunnel syndrome. An MRI of the left shoulder dated 1/27/15 revealed a left superior labrum, anterior to posterior tear. The patient currently complains of constant neck and left shoulder pain. The current request is for Cyclobenzaprine (Flexeril 7.5) #60. The treating physician states in the 4/9/15 (17B) treating report the physician states, "spasms and swelling no", the report goes on to document "Cyclobenzaprine (Flexeril 7.5) was provided at this office today." The next treatment report dated, 4/23/15 (26B) notes under the treatment plan section, "continue Flexeril." Cyclo-benzaprine is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to the brain. MTUS Guidelines regarding Cyclobenzaprine (Flexeril) state, recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. In this case, Cyclobenzaprine is prescribed TID in quantity 60. If taken regularly, it would result in a 20 day course which is within the maximal time frame recommended by the MTUS for continuous treatment. The MTUS does support on-going short-term use of this medication, therefore the request is medically necessary.

Trigger Point Injections left upper Scapula (Retro 4/9/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: The patient presents with diagnoses of cervical herniation, cervical spondylosis, left shoulder rotator cuff tendinosis, left shoulder impingement syndrome, left lateral and medial epicondylitis, left De Quervain's tenosynovitis and left carpal tunnel syndrome. An MRI of the left shoulder dated 1/27/15 revealed a left superior labrum, anterior to posterior tear. The patient has received approval for a left shoulder subacromial injection. The patient currently complains of constant neck and left shoulder pain. The current request is for Trigger Point Injections left upper Scapula (Retro 4/9/15). MTUS Guidelines state, "Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing)." In the treating reported dated 4/9/15 (20B) the treating physician states, "This patient has intractable pain in spite of conservative measures. After review of care and discussion of alternatives, patient accepted to proceed with the injection option: it gave the patient an additional 40% pain relief to the periscapular region while the anesthetic was working." This results in a clinical efficacy time of a few hours, which is below the time requirement for improvement in the MTUS. In this case the clinical history fails to document any twitch response or referred pain upon palpation. Without the specific documentation of trigger points and the appropriate features on examination, these injections are not supported by the MTUS guidelines. The current request is not medically necessary.