

Case Number:	CM14-0183711		
Date Assigned:	11/12/2014	Date of Injury:	06/11/2013
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 42 year-old male who was injured on 6/11/13 when he was lifting a heavy object and felt his left bicep tear. Because of delay of treatment, he developed left shoulder and neck pain. He complained of left arm pain, loss of strength, numbness and tingling, left shoulder pain, grip loss, headaches, and neck pain. On exam, he had loss of motion of the left shoulder, decreased reflexes of his left upper extremity, grip loss, tender trapezius around C5-C7, and sensory loss of dermatomes C5-C7. A 3/2014 cervical MRI showed early disc desiccation and protrusion. He had an unremarkable left humerus MRI in 4/2014. The injured worker had a left shoulder MRI on 7/21/14 showing mild to moderate rotator cuff tendinosis without tearing, no definite labral tearing, moderate acromioclavicular osteoarthritic changes, and suspect subacromial/subdeltoid bursitis. He was diagnosed with possible bicep tear (although this was not seen on MRI), upper extremity swelling, limb pain, sprain/strain, left shoulder impingement with rotator cuff strain, bicipital tendinitis, and acromioclavicular joint inflammation. His treatment included chiropractic sessions. He used over-the-counter Tylenol and anti-inflammatories. He was prescribed Nalfon. The current request is for corticosteroid injection in the subacromial space, MRI of left shoulder,

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Steroid Injection in the Subacromial Space: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213.

Decision rationale: The request is not medically necessary. According to MTUS, subacromial injections can be used as part of an exercise rehabilitation program to treat rotator cuff and impingement syndrome and after the use of conservative therapy such as strengthening exercises or NSAIDS. Invasive techniques have limited proven value and the evidence supporting such an approach is not overwhelming. At this point, the injured worker was just prescribed Nalfon and it is unclear what response he has had to this medication. Beyond OTC analgesics, the injured worker has not tried other medication. He has not had physical therapy yet, so treatment with cortisone injections is not indicated at this time. Therefore, the request for a Cortisone Steroid Injection in the Subacromial Space is considered not medically necessary.

Magnetic Resonance Imaging (MRI) of the Left Shoulder without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic Resonance Imaging (MRI)

Decision rationale: The request is not medically necessary. The injured worker had a 7/2014 MRI of the shoulder that did not reveal any tear but tendinitis and potential bursitis. According to MTUS, MRI is best at showing rotator cuff tear, tumor, infection, etc. The injured worker's diagnosis had been established and there was no documented change in complaints and exam since 7/2014 that would warrant another MRI. According to ODG, repeat MRI is not routinely recommended, only in the case of significant change in symptoms or findings suggesting significant pathology. The injured worker did not meet these criteria and therefore, the request for a Magnetic Resonance Imaging (MRI) of the Left Shoulder without Contrast is not medically necessary.

TENS Unit (1): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for a TENS unit is not medically necessary. It is customary to order a one month home-based trial of a TENS unit prior to chronic use. The injured worker has

also not been receiving conservative measures, only in the form of chiropractic sessions. He has not been trialed on medications, physical therapy, acupuncture, etc. Therefore, it cannot be said that he failed conservative therapy. The request for a TENS unit is not medically necessary at this time.

Tramadol (Ultram ER) 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The request is not medically necessary. The injured worker has only been treated with OTC analgesics and has not had a trial of any prescribed medication. He was recently prescribed Nalfon but the effect has not been documented. Opioids are not considered first-line treatment until other non-opioid analgesics have been tried and failed. Therefore, starting an opioid at this point is not medically necessary.

Pantoprazole (Protonix) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), GI Symptoms, And Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Pantoprazole is not medically necessary. The injured worker has been on intermittent OTC Advil for the treatment of his pain but there was no documented GI risk factors of symptoms that would require the use of a PPI. The injured worker is not over age 65, has a documented history of GI bleeding, perforation, or PUD, concurrent use of aspirin, steroids, or anticoagulant, and is not on high doses or multiple NSAIDs. Therefore, he is not considered at risk for GI events. He does not have any documented GI complaints that would warrant the use of a PPI. Therefore, the request is not medically necessary.

LidoPro ointment 121gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for LidoPro Ointment is not medically necessary. LidoPro ointment is a combination of lidocaine, capsaicin, menthol, and methyl salicylate. The use of

topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker does not have documented neuropathic pain. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. The injured worker has not had an adequate trial of conventional therapy. There are no guidelines for the use of menthol with the injured worker's shoulder complaints. Methyl salicylate may be useful for chronic pain, however, any compounded product that contains at least one drug that is not recommended is not recommended. The injured worker has not had an adequate trial of oral analgesics to warrant the need for topical analgesics. Therefore, the request for LidoPro Ointment is not medically necessary.

Terocin Patches #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Terocin is considered not medically necessary. Terocin is a topical patch with a combination of lidocaine and menthol. Dermal lidocaine is not first line treatment and is only FDA approved for post-herpetic neuralgia. There are no guidelines for the use of menthol with the injured worker's shoulder complaints. Any compounded product that contains at least one drug that is not recommended is not recommended. The injured worker has not had an adequate trial of oral analgesics to warrant the use of topicals. Therefore, the request for Terocin is not medically necessary.

Cyclobenzaprine (Fexmid) 7.5mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine Page(s): 63-64,41-42.

Decision rationale: The use of Cyclobenzaprine for lumbar pain is medically necessary at this point. It is indicated for short-term use with best efficacy in the first four days. A maximum trial of 2-3 weeks is recommended. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. This muscle relaxant is useful for acute exacerbations. The injured worker has had chronic shoulder pain with muscle tenderness and tightness for which a muscle relaxant may be indicated. Therefore, the use of Cyclobenzaprine is considered medically necessary at this time.

12 Physical Therapy Sessions for the Left Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: The request for physical therapy is considered not medically necessary. The injured worker has not had a trial of physical therapy yet according to the chart, only chiropractic sessions. While physical therapy sessions are warranted, according to ODG, arthritis and impingement of the shoulder should have 9-10 physical therapy sessions. The MTUS does not specify the amount of physical therapy sessions recommended for shoulder complaints. The 12 sessions that are requested would exceed the maximum limit. There should be documentation of objective functional improvement before proceeding with additional sessions. Therefore, the request for 12 Physical Therapy Sessions is not medically necessary.