MAXIMUS Federal Services

Case Number:	CM15-0013667		
Date Assigned:	02/02/2015	Date of Injury:	06/19/2013
Decision Date:	03/24/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 6/19/13. The injured worker has complaints of left shoulder, left elbow and left knee pain. The diagnoses have included left shoulder impingement syndrome; left knee medial meniscus disruption and left elbow strain-resolved. Treatment to date has included Magnetic Resonance Imaging (MRI) of the left knee impression chronic degenerative tearing of the medial meniscus with truncated appearance; severe medial compartment arthrosis; region of full-thickness cartilage loss of the superior aspect of central trochlear groove with underlying osseous ridging and small knee joint effusion; Magnetic Resonance Imaging (MRI) of the left elbow impression showed tendinosis common flexor, no tear, no intramuscular edema or muscle atrophy, mild tendinosis common extensor tendon, no tearing; Magnetic Resonance Imaging (MRI) of the left shoulder impression showed rotator cuff tendinosis, slight bursal sided fraying supraspinatus, mild subacromial subdeltoid bursitis, no measurable tear, degenerative tearing of the posterior and superior labrum with chondral erosion and mild bone reactive change along the posterior glenoid rim; left shoulder X-ray 3 views were within normal limits; left knee X-ray 3 views showed substantial loss of the medial compartment height of the left knee with relative preservation laterally and medications. Work status was documented as currently restricted from activities requiring overhead lifting and reaching with the left arm as well as repetitive bending and stooping and restricted currently been lifting or carrying more than 20 pounds. According to the utilization review performed on 1/23/15, the requested Voltaren 100mg, 1 tab Daily #30 and dilute Kenalog injection to the left knee under ultrasonic guidelines has been certified and the requested dilute

Kenalog injection to the left shoulder under ultrasonic guidance; Protonix 20mg 1 tab twice daily #60 and Ultram ER 100mg one Tablet Daily, may Increase to #60 has been non-certified. CA MTUS, Knee Chapter, Occupational Medicine Practice Guidelines; ODG (Knee and Leg Chapter); MTUS/ACOEM Shoulder Complaints; Chronic Pain Medical Treatment Guidelines; Opioids Therapy for Chronic Pain were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilute Kenalog Injection to the Left Shoulder under Ultrasonic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, 212-214. Decision based on Non-MTUS Citation ODG Shoulder Chapter

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

Decision rationale: ACOEM describes indications for steroid injection of shoulder in the chapter on shoulder complaints. Steroid injections are recommended after a 4-6 week period of conservative therapy if symptoms of impingement syndrome persist. In this case, the medical record well documents persistence of symptoms of impingement syndrome and steroid injection of shoulder joint is medically indicated.

Protonix 20mg 1 tab twice daily #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pantoprazole Page(s): 68. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastro-intestinal events. In this case, the medical record does document any history to indicate a moderate or high risk for gastrointestinal events, as well as ongoing treatment with NSAID medication. And Protonix therefore is medically necessary.

Ultram ER 100mg one Tablet Daily, may Increase to #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation American Pain Society, Opioid Therapy for Chronic Pain (www.americanpainsociety.org)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of Ultram.