

Case Number:	CM15-0117396		
Date Assigned:	06/30/2015	Date of Injury:	01/20/2005
Decision Date:	08/06/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 53 year old male, who sustained an industrial injury on 1/20/2005. The current diagnoses are discogenic lumbar condition, impingement syndrome of the shoulder on the right, status post decompression and rotator cuff repair (2005), and chronic pain syndrome with elements of depression, insomnia, and weight gain. According to the progress reports, the injured worker complains of persistent right shoulder pain. The pain is associated with popping, clicking, and weakness with overhead reaching. Additionally, he reports low back pain with muscle spasms, stiffness, and tightness. The level of pain is not rated. The physical examination of the right shoulder reveals mild tenderness along the acromioclavicular joint, tenderness along the rotator cuff, positive impingement sign, mild tenderness along the posterior capsule, and minimal tenderness along the biceps tendon. Examination of the lumbar spine reveals tenderness along the lumbosacral area with flexion and extension. The medications prescribed are Norco, Naproxen, Tramadol, Remeron, Protonix, and Neurontin. Urine drug screen from December was negative, as he was not taking his medications regularly. Per notes, he is gradually weaning off of Norco. Treatment to date has included medication management, MRI studies, electrodiagnostic studies, TENS unit, right shoulder injection, and surgical intervention. MRI of the lumbar spine showed three-level disc disease. Electrodiagnostic studies in 2006 showed L5 radiculopathy on the left. Repeat in 2014 showed some neuropathy but no radiculopathy. MRI of the right shoulder (2011) showed partial tear of the rotator cuff with persistent acromioclavicular joint wear. Repeat MRI in 2015 revealed glenohumeral arthritis, atrophy along the supraspinatus, and spurring along the acromion causing impingement. Work status: currently not working. A request for Norco, Naproxen, Tramadol, Protonix, and Neurontin has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder arthroscopy, decompression, and evaluation of labrum, biceps tendon, and rotator cuff: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per ACOEM guidelines, referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.), activity limitation for more than four months, plus existence of a surgical lesion, failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair. The IW had an MRI done of the right shoulder on 4/3/15 which revealed a no full thickness rotator cuff tear with very low grade side tearing versus post operative changes, chronic nature of repaired supraspinatus tear, no labral tear or pathology of the long head of the biceps tendon, small subacromial enthesophyte, severe hypertrophic degeneration of the AC joint, moderate degeneration of the glenohumeral joint with decreased subacromial space. The MRI shows that the AC joint would benefit from decompression however there is no evidence of a surgical lesion in the labrum, biceps tendon or rotator cuff. As the evaluation of labrum, biceps tendon, and rotator cuff is not warranted the request is deemed not medically necessary and appropriate.

Associated surgical service: lab test - comprehensive metabolic panel and CBC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Associated surgical service: lab - urinalysis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Norco 40 mg #60: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and any improvement in function. These are necessary to meet CA MTUS guidelines. Additionally, urine drug screen from December was inconsistent with prescribed medications. Therefore, based on MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67, 68.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guideline, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, NSAIDs can be used as an option for short-term symptomatic relief of chronic low back pain. The guidelines indicate that analgesics should show effects within 1-3 days, and that a record of pain and function with the medication should be recorded. In this case, the injured worker was approved for Nalfon on 3/12/2015. It is unclear why the injured worker would require 2 NSAID medications to treat his condition. Additionally, guidelines generally recommend NSAIDs for acute conditions. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Naproxen is not medically necessary.

Tramadol ER 150 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS

Page(s): 74-96, 113.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the treating physician did not document the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and any improvement in function. These are necessary to meet CA MTUS guidelines. Additionally, urine drug screen from December was inconsistent with prescribed medications. Therefore, based on MTUS guidelines and submitted medical records, the request for Tramadol is not medically necessary.

Protonix 20 mg #60: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors be used with precautions. The clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors. Factors determining if a patient is at risk for gastrointestinal events include: age greater than 65 years, history of peptic ulcer, GI (gastrointestinal) bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high dose/multiple NSAID use. In this case, there is no documentation that the injured worker is at risk for gastrointestinal events or cardiovascular complications to support the use of proton-pump inhibitors. Additionally, there was no mention of gastrointestinal adverse symptoms. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Protonix is not medically necessary.

Neurontin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19, 49.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Additionally, guidelines suggest a "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result. Additionally, the records fail to report any subjective and/or objective painful neuropathy. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Neurontin is not medically necessary.