

Case Number:	CM15-0128605		
Date Assigned:	07/15/2015	Date of Injury:	04/14/2011
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/03/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female, who sustained an industrial injury on 4/14/2011. She reported bilateral shoulder and wrist pain with associated swelling. Diagnoses have included rotator cuff syndrome, status post arthroscopic shoulder surgery, cervical intervertebral disk (IVD) disorder with myelopathy, lumbar intervertebral disk (IVD) disorder with myelopathy and right carpal tunnel syndrome status post release. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), cortisone injections and medication. According to the progress report dated 6/23/2015, the injured worker complained of cervical pain, upper thoracic pain and left shoulder pain. She rated the current pain as six out of ten. She complained of numbness and tingling in the right lower extremity, left lower extremity, and left hand. She also complained of anxiety, stress and insomnia. Exam of the left and right shoulders revealed decreased range of motion. There was decreased cervical range of motion. Authorization was requested for physical therapy, an orthopedic shoulder specialist, Lidoderm patches, Gabapentin, Prilosec and a home interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy-six (6) sessions (2 x 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records indicate physical examination noting reduced ranged of motion. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy and does not demonstrate why additional 6 visits would be needed. MTUS supports 6 visits and for a formal PT evaluation. As such, the medical records do not support the necessity of the additional PT therapy congruent with MTUS guidelines.

Orthopedic shoulder specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pain Page(s): 303-306.

Decision rationale: The medical records indicate no improvement but do not document any specific physical examination abnormalities or findings of joint instability in support of joint compromise that would support referral to orthopedics. MTUS supports referral for surgical consultation is indicated for patients who have: Severe and disabling arm or lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective sign, Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. As such the medical records do not support a referral to orthopedic surgery congruent with MTUS.

Lidoderm patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The medical records provided for review do indicate a neuropathic pain condition. The records do not report poor tolerance to oral medications or indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.

Gabapentin 200mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16.

Decision rationale: The medical records provided for review do indicate the presence of neuropathic pain condition for which MTUS supports treatment with gabapentin. Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents will depend on the balance between effectiveness and adverse reactions. Given the medical records do demonstrate a neuropathic condition consistent with MTUS in support of gabapentin, the treatment is supported.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for prilosec in the insured.

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, inferential therapy.

Decision rationale: The use of interferential therapy is not supported by ODG guidelines. Not generally recommended. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues. Interferential current works in a similar fashion as TENS, but at a substantially higher frequency (4000-4200 Hz). The medical records provided for review do not indicate any midigating condition or findings to support use of this therapy. As such, the medical records do not support this therapy congruent with ODG guidelines.