

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0129853 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 09/22/1997 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female, who sustained an industrial injury on 9/22/97. The mechanism of injury is not documented. The injured worker was diagnosed as having right C4-5 and C5-6 radiculopathy and status post-bilateral remote shoulder surgery. Treatment to date has included physical therapy, home exercise program, oral medications including Hydrocodone 10/325mg, Naproxen Sodium 550mg, Pantoprazole 20mg and Cyclobenzaprine 7.5mg and activity restrictions. Currently on 6/25/15, the injured worker complains of cervical pain rated 6/10 with upper extremity symptoms and notes upper extremity symptoms decreased with 2 epidural injections, right shoulder pain rated 6/10 with decreased range of motion to right shoulder and left shoulder pain rated 6/10. It is noted at current dosing medications facilitate maintenance of activities of daily living; Hydrocodone decreases somatic pain 4-5 points on average; NSAID facilitates improved range of motion and decreased achy pain with an additional 3 point average. The pain is unchanged from previous visit dated 5/28/15. The injured worker notes gastrointestinal upset with NSAID with no PPI (proton pump inhibitor), but no gastrointestinal upset with PPI at current dose; no history of ulcer, hemoptysis, hematochezia and denies history of cardiac issues. He also notes refractory nature of spasm prior to Cyclobenzaprine, Cyclobenzaprine decreases spasm for approximately 4-6 hours, facilitating marked improvement in range of motion. Disability status is considered permanent and stationary. Physical exam performed on 6/25/15 revealed tenderness of cervical spine with decreased cervical range of motion, tenderness of right and left shoulder diffusely with limited range of motion and spasm of the cervical trapezius-cervical paraspinal musculature. The

treatment plan included continued request for shockwave therapy to right shoulder, Hydrocodone 10/325mg, Naproxen Sodium 550mg, Pantoprazole 20mg and Cyclobenzaprine 7.5mg and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right (R) shoulder extracorporeal shockwave therapy x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESWT to shoulder, Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

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

Decision rationale: The MTUS / ACOEM did not address the use of ECSWT therefore other guidelines were consulted. Per the ODG, "patients with calcific tendinitis, high-energy ESWT appeared to help alleviate shoulder pain, improve function, and resolve calcifications, but low-energy ESWT improved only function. With non-calcific tendinitis, the results were quite different, ESWT was ineffective for pain, and that was true regardless of the energy level. Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions". The therapy is considered experimental and it is recommended that "at least 3 conservative treatments have been performed prior to use of ESWT, including rest, ice, NSAIDs, orthotics, physical therapy and injections." Maximum of 3 therapy sessions over 3 weeks is the recommended guideline. A review of the injured workers medical records reveal that she may possibly be a candidate for ECSWT, however the requested quantity exceeds guideline recommendations of 3 and is not medically necessary.

Hydrocodone 10/325mg #60: Overtaken

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

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

Decision rationale: The CA MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Hydrocodone, the continued use of Hydrocodone is appropriate; therefore, the request for Hydrocodone 10/325mg #60 is medically necessary.

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. The injured worker has diagnoses of right C4-5 and C5-6 radiculopathy. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. A review of the injured workers medical records reveal documentation of improvement in pain and range of motion with the use of Naproxen, the continued use of Naproxen appears appropriate, therefore the request for Naproxen Sodium 550mg #90 is medically necessary.

Pantoprazole 20mg #90: 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 NSAIDs GI symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS (2009), Proton Pump Inhibitors (PPI), such as Pantoprazole, are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. The injured worker noted gastrointestinal upset with NSAID with no PPI and PPI and once and twice a day. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. A review of the injured workers medical records reveal complaints of GI upset with the use of NSAID's and documented improvement in GI symptoms on her current dose, therefore the request for Pantoprazole 20mg #90 is medically necessary.

Cyclobenzaprine 7.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

Decision rationale: The request for Cyclobenzaprine 7.5mg #20 is not medically necessary. The California MTUS Guidelines recommend Fexmid as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Spasm of cervical trapezius-cervical paraspinal musculature was noted on exam, with documentation of improvement in spasms with the use of Cyclobenzaprine. Given the above, the continued use of Cyclobenzaprine is appropriate and medically necessary.

Urine Toxicology Screen: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, urine drug testing.

Decision rationale: ODG recommends urine drug testing (UDT) as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. It should be used in conjunction with other information such as clinical observation, results of addiction screening, prescription drug monitoring reports and pill counts. Urine Drug Testing is recommended at the beginning of treatment in a patient, who is receiving a controlled substance and the frequency of testing, is determined by the patient being low risk, moderate risk or high risk. The injured worker is currently on Opioid therapy and a urine toxicology screen is medically appropriate.