

Case Number:	CM15-0164007		
Date Assigned:	09/28/2015	Date of Injury:	12/03/2002
Decision Date:	12/02/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: Washington, California

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 61 year old female who sustained an industrial injury on December 3, 2002. She reported bilateral shoulder pain, bilateral elbow pain and bilateral wrist pain with numbness and tingling as per the 2005 Agreed Medical Evaluation (AME) report. The injured worker was diagnosed with impingement syndrome of the shoulder, status post right distal clavicle excision and right rotator cuff repair in 2007 but now with persistent symptomology, left shoulder impingement with tendinosis, acromioclavicular (AC) joint wear on magnetic resonance imaging (MRI) status post subacromial space injection and trigger point injection of the shoulder blade, medial and lateral epicondylitis status post injection to the left lateral epicondyle in 2011, ulnar nerve neuritis with negative nerve studies and positive Tinel's, wrist joint inflammation bilaterally with thickening along the median nerve bilateral per MRI, CMC joint inflammation bilaterally status post left thumb injection, weight gain, sleep disruptions, depression and stress. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention, multiple injections to the shoulder, elbow and thumb, medications, elbow pads, thumb brace, hot and cold wraps and activity restrictions. Progress report on March 16, 2015, revealed bilateral shoulder, elbow, wrist, hand and left thumb pain. Medications were continued. Surgical intervention of the shoulder, x-rays of the right elbow, an elbow and a thumb brace, a TENS unit, blood testing and medications were recommended. Naproxen and Trazadone were approved on March 27, 2015. Progress report on August 12, 2015, revealed continued pain as noted on the March 16, 2015 evaluation. It was noted she was not working. It was also noted she required recent hospitalization due to severe depression secondary to chronic

pain. Medications including Naproxen and Trazadone were recommended to be continued. The Request For Authorization included requests for Injection to the biceps tendon, subacromial space and ulnar nerve on the right side, left lateral epicondyle injection and Naproxen 550mg #60 that were non-certified and Trazodone 50mg, #60 that was modified on the utilization review (UR) on July 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lateral epicondyle injection: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow: Injections (corticosteroid).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Elbow Complaints 2007, Section(s): Lateral Epicondylalgia, Summary.

Decision rationale: Injections into joints or soft tissue are a common option in treatment of tendon and joint inflammation. When used to treat lateral epicondylitis research has shown injection of steroids with or without anesthetics to be effective in the short-term at controlling pain but has a high recurrence rate. ACOEM guidelines recommend up to three such injections and that the injections be coupled with physical therapy. The Official Disability Guidelines does not recommend it be used routinely for acute epicondylitis as the effect is short-lived and the symptoms will usually resolve within 6 months. However, it does allow for one injection for short-term relief of severe pain. The pain level this patient is suffering due to her lateral epicondylitis was not documented. Although a prior injection was performed in 2011 there is no record available for review that documents its effectiveness. Other therapies to date have also not been effective. There is no documentation of an ongoing home exercise program nor instructions/request for physical therapy coupled with the request for steroid injection. Considering all the above information, this request for injection of the left elbow does not meet guideline criteria. Medical necessity for this procedure has not been established.

Injection to the biceps tendon, subacromial space and ulnar nerve on the right side: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Steroid injections; ODG, Elbow: injections.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Summary, Initial Care, and Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/Steroid injections; Elbow (Acute & Chronic)/Injections (corticosteroids); Forearm, Wrist, & Hand (Acute & Chronic)/Injections.

Decision rationale: Injections into joints or soft tissue are a common option in treatment of tendon and joint inflammation. When used to treat shoulder tendonitis and/or bursitis research has shown injection of steroids with or without anesthetics to be effective in the short-term at controlling pain. ACOEM guidelines and the Official Disability Guidelines (ODG) recommend up to three such injections and that the injections be coupled with physical therapy. When used for injection of peripheral nerve impingement local anesthesia with or without steroids has been shown to be effective, although the ACOEM nor the ODG recommends for or against these injections for an ulnar nerve impingement at the elbow or wrist. This patient is suffering from multiple shoulder and wrist musculoskeletal inflammation. Other therapies to date have not been effective at eliminating her pain. However, there is no documentation of an ongoing home exercise program nor instructions/request for physical therapy coupled with the request for steroid injection. Considering all the above information, this request for injection of the left elbow does not meet guideline criteria. Medical necessity for this procedure has not been established.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Initial Care, Summary, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naprosyn (naproxen) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. Medical necessity has not been established.

Trazodone 50mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Tricyclics.

Decision rationale: Trazodone is a tetracyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of tricyclic antidepressants as an optional first line treatment for neuropathic pain and non-neuropathic pain with or without signs or symptoms of depression. This patient has pain from multiple musculoskeletal injuries and has associated difficulty sleeping due not controlled with use of Effexor (serotonin-norepinephrine reuptake inhibitor). This medication has been used and has been helpful. Continued use is still a viable therapeutic option. Medical necessity has been established.