

Case Number:	CM15-0073952		
Date Assigned:	04/24/2015	Date of Injury:	01/08/2015
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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: Pennsylvania
 Certification(s)/Specialty: 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 54 year old male who sustained an industrial injury on January 8, 2015 while moving a heavy box. He has reported left shoulder pain and has been diagnosed with impingement syndrome, left, rotator cuff tear traumatic, left, and bicipital tenosynovitis, left. Treatment has included medications, chiropractic care, and activity modification. Injection of ketorolac was administered and naproxen and cyclobenzaprine were prescribed on 1/12/15. Work status was noted as modified work with restrictions. After urgent care management, outpatient treatment was continued by a chiropractor who provided chiropractic care and physical modalities. X-ray of the left shoulder on 1/15/15 showed no acute fracture, normal alignment, mild to moderate degenerative disease at the acromioclavicular joint, and no significant soft tissue abnormality. A course of prednisone with taper was prescribed on 1/20/15. An MRI of the left shoulder on 2/2/15 showed partial thickness tear on the inferior aspect of the supraspinatus tendon extending posteriorly as an intrasubstance tear, and mild degenerative changes at the left acromioclavicular joint. On 3/19/15, the primary treating physician noted unchanged left shoulder and neck pain with inability to reach over shoulder level with the left arm, and orthopedic/neurosurgical consultation was advised. Work status was noted as modified work with limitations. At a visit with an orthopedic consultant on 3/20/15, the injured worker reported intractable shoulder pain. Examination showed tenderness to the anterior shoulder region with spasms, swelling, and periscapular tightness noted, and positive provocative maneuvers. X-ray of the left shoulder on 3/20/15 showed acromioclavicular degenerative joint disease with spurring and type II acromion. A left shoulder subacromial steroid injection was

performed. Anaprox, Prilosec, and tramadol were prescribed and an MRI arthrogram was requested. On 3/25/15, Utilization Review (UR) non-certified requests for Prilosec 20 mg #60, ultracet 37.5/325 #60, 1 major joint injection to the shoulder, and 1 x-ray of the shoulder, citing the MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (3/20/15) 60 Omeprazole (Prilosec) 20mg: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: This injured worker has been prescribed anaprox, a nonsteroidal anti-inflammatory medication (NSAID), and prilosec, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). None of these risk factors were present for this injured worker. There was no mention of GI signs or symptoms. No abdominal examination was documented. Due to lack of indication, the request for prilosec is not medically necessary.

Retrospective (3/20/15) 60 Tramadol (Ultracet) 37.5/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 47-48, 212, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Tramadol is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. This injured worker has an acute to subacute shoulder injury. The request for tramadol appears to be an initial request for this medication. The ACOEM recommends acetaminophen and nonsteroidal anti-inflammatory agents for management of shoulder complaints, with an optional short course of opioids. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. In this case, the documentation indicates presence of intractable shoulder pain in spite of prescription of anti-inflammatory medication (naproxen), muscle relaxants, and a course of prednisone. The injured worker has also had physical modalities/chiropractic care. The Utilization Review determination states that the records showed no evidence of the patient

utilizing non-opioid analgesics prior to the dispensed date; however, review of the submitted records does demonstrate prior trial of non-opioid analgesics. Due to the documentation of severe shoulder pain in spite of trial of non-opioid analgesics, the request for tramadol is medically necessary.

Retrospective (3/20/15) 1 Major Joint Injection to the shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints Page(s): 48, 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter: steroid injections.

Decision rationale: The MTUS, cited above, recommends shoulder injections as an option for treatment of rotator cuff inflammation, impingement syndrome, or small tears. Injections are recommended when they are a part of an exercise rehabilitation program. The ACOEM states that injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. The ODG notes criteria for steroid injections of the shoulder as: diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder, not adequately controlled by conservative treatments (physical therapy and exercise, NSAIDS or acetaminophen) after at least three months, and with pain that interferes with functional activities. Such injections are generally performed without fluoroscopic or ultrasound guidance, only one injection is recommended initially with a second injection not recommended if the first has resulted in complete resolution of symptoms or if there has been no response, and the number of injections limited to three. This injured worker has impingement syndrome and rotator cuff tear of the left shoulder. Initial conservative treatment with anti-inflammatory medication and chiropractic treatment was noted, however, there was no documentation of a current exercise rehabilitation program. In addition, there has been less than three months of conservative treatment since the initial date of injury, and although physical methods were noted to have been employed as a part of chiropractic treatment, no specific physical therapy was discussed or documented. Due to lack of current participation in an exercise rehabilitation program, and less than three months of conservative care since the initial injury, the request for Retrospective (3/20/15) 1 Major Joint Injection to the shoulder is not medically necessary.

Retrospective (3/20/15) 1 X-ray of the shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The ACOEM states that for most patients with shoulder problems, special studies are not needed unless a 4-6 week period of conservative care and observation fails to

improve symptoms. There are certain exceptions, such as clinical diagnosis of acromioclavicular joint separation, initial or recurrent shoulder dislocation, and persistent shoulder pain associated with neurovascular compression symptoms. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. In this case, the injured worker has already had a left shoulder x-ray on 1/15/15 and an MRI of the left shoulder on 2/2/15, with no documentation of reinjury or worsening of findings since these imaging studies. No red flag conditions were documented, and there was no documentation of a specific strengthening program intended to avoid surgery, or plan for an invasive procedure. Due to lack of specific indication, the request for Retrospective (3/20/15) 1 X-ray of the shoulder is not medically necessary.