

Case Number:	CM15-0078914		
Date Assigned:	04/30/2015	Date of Injury:	12/05/2014
Decision Date:	08/31/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: California
Certification(s)/Specialty: Emergency 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 21 year old male, who sustained an industrial injury on 12/05/2014. He reported being hit by electrical current. The injured worker was diagnosed as having electrical injury, dislocation with spontaneous relocation, possible "ID" left shoulder, possible brachial plexus injury, and chest pain. Currently (3/23/2015), the injured worker complains of numbness in the left upper extremity, left chest pain, and severe left shoulder pain. Objective findings included laceration of left third metacarpophalangeal (MP) joint, dorsal, numbness left C5-T1, pain with left shoulder range of motion, and positive impingement sign. Prior treatment included medications. The treatment plan included neurology evaluation, internal medicine evaluation for chest pain, left shoulder evaluation, magnetic resonance imaging left shoulder, left hand evaluation, physical therapy (2x4), urine drug screen, and medications, including Anaprox, Neurontin, Fexmid, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-178.

Decision rationale: The request is for an MRI of the shoulder. The ACOEM guidelines state that the criteria for ordering imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. In this case, the patient has the persistence of a neurologic deficit which is documented. He also has shown poor overall progression in strength with therapy. As such, he would qualify for an MRI imaging study for further evaluation.

Physical therapy 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. In this case, the patient would benefit most from at home active therapy. As such, the request is not certified and therefore is not medically necessary.

Retrospective full panel drug screen (DOS 3/23/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 78 of 127.

Decision rationale: The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high

risk. In this case, the patient does meet the qualifying factors necessary. As such, the request is certified and is medically necessary.

Retrospective anaprox naproxen sodium 550mg #90 (DOS 3/23/15): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-68 of 127.

Decision rationale: The request is for the use of NSAIDS to aid in pain relief. NSAIDS are usually used to aid in pain and inflammation reduction. The MTUS guidelines states that for osteoarthritis NSAIS are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDS appear to be superior to acetaminophen especially for patients with moderate to severe pain. There is no evidence to support one drug in this class over another based on efficacy. In particular, there appears to be no difference between NSAIDS and COX-2 NSAIDS in terms of pain relief. The main concern of selection is based on adverse effects, with COX-2 NSAIDS having fewer GI side effects at the risk of increased cardiovascular side effects. The FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDS and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain and function. (Chen, 2008) (Laine, 2008) For back pain, NSAIDS are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDS are more effective that acetaminophen for acute LBP. (Van Tulder, 2006) (Hancock, 2007) For patients with acute low back pain with sciatica a recent Cochrane review (including three heterogeneous randomized controlled trials) found no differences in treatment with NSAIDS vs. placebo. In patients with axial low back pain this same review found that NSAIDS were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. (Roelofs-Cochrane, 2008) The addition of NSAIDS or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. (Hancock, 2007) In this case, there is adequate documentation to justify use of naproxen due to persistence of discomfort after injury. As such, the request is certified and is medically necessary.

Retrospective neurontin gabapentin 800mg #90 (DOS 3/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 16-17 of 127.

Decision rationale: The request is for the use of a medication in the category of an anti-epileptic drug (AED). These medications are recommended for certain types of neuropathic pain. Most of the randomized clinical control trials involved include post-herpetic neuralgia and painful polyneuropathy such as in diabetes. There are few trials which have studied central pain or radiculopathy. The MTUS guidelines state that a good response to treatment is 50% reduction in pain. At least a 30% reduction in pain is required for ongoing use, and if this is not seen, this should trigger a change in therapy. There also should be documentation of functional improvement and side effects incurred with use. Disease states which prompt use of these medications include post-herpetic neuralgia, spinal cord injury, chronic regional pain syndrome, lumbar spinal stenosis, post-operative pain, and central pain. There is inadequate evidence to support use in non-specific axial low back pain or myofascial pain. In this case, there is inadequate documentation of a condition which would support the use of an anti-epileptic drug. The records also do not reveal functional improvement or screening measures as required. As such, the request is not certified and is not medically necessary.