

Case Number:	CM15-0093109		
Date Assigned:	05/20/2015	Date of Injury:	03/27/2012
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/15/2015

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: Physical Medicine & Rehabilitation

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 was a 37 year old female, who sustained an industrial injury, March 27, 2012. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, Naprosyn, Prilosec, Gabapentin, heating pad and right shoulder arthroscopic surgery. The injured worker was diagnosed right shoulder pain, right frozen shoulder and status post right shoulder arthroscopic surgery. According to progress note of March 26, 2015, the injured workers chief complaint was exacerbation of pain in the right shoulder, trapezius region. The physical exam noted increased tension in the right trapezius going into the shoulder. The impression was the injured worker developed right shoulder trigger points with muscle spasms in the trapezius. The treatment plan included prescriptions renewals for Gabapentin, Naprosyn, Prilosec, and a right shoulder trigger point injection of corticosteroid under ultrasound guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg tablets, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 03/27/12 and presents with right shoulder pain. The request is for Gabapentin 100 mg tablets #120. The RFA is dated 02/18/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/29/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with right shoulder pain, right frozen shoulder and status post right shoulder arthroscopic surgery. She has tension into the right trapezius going into the shoulder. No additional recent objective findings are provided. The 01/29/15 report states that the patient "is taking Naprosyn, Prilosec, and Gabapnetin to try to control the pain." The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin is not medically necessary.

Naprosyn 500mg tablets, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 03/27/12 and presents with right shoulder pain. The request is for Naprosyn 500 mg tablets #60. The RFA is dated 02/18/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/29/15. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The patient is diagnosed with right shoulder pain, right frozen shoulder and status post right shoulder arthroscopic surgery. She has tension into the right trapezius going into the shoulder. No additional recent objective findings are provided. The 01/29/15 report states that the patient "is taking Naprosyn, Prilosec, and Gabapnetin to try to control the pain." The treater does not specifically discuss efficacy of Naprosyn on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naprosyn is not medically necessary.

Prilosec 20mg capsules, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: The patient was injured on 03/27/12 and presents with right shoulder pain. The request is for Prilosec 20 mg capsules #60. The RFA is dated 02/18/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/29/15. MTUS Guidelines page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65. 2.History of peptic ulcer disease and GI bleeding or perforation. 3.Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. The patient is diagnosed with right shoulder pain, right frozen shoulder and status post right shoulder arthroscopic surgery. The patient is currently taking Naprosyn and Gabapentin. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. Therefore, the requested Prilosec is not medically necessary.

Right shoulder Trigger point injection of corticosteroid under ultrasound guidance, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): 122.

Decision rationale: The patient was injured on 03/27/12 and presents with right shoulder pain. The request is for right shoulder trigger point injection of corticosteroid under ultrasound guidance #1. The RFA is dated 02/18/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 01/29/15. Review of the reports provided does not indicate if the patient had a prior trigger point injection. The MTUS Guidelines, on page 122, state that "trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with

any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended." In this case, none of the progress reports discuss this request. She has tension into the right trapezius going into the shoulder. No additional recent objective findings are provided. The patient is diagnosed with right shoulder pain, right frozen shoulder and status post right shoulder arthroscopic surgery. Treatment to date includes TENS (transcutaneous electrical nerve stimulator) unit, Naprosyn, Prilosec, Gabapentin, heating pad and right shoulder arthroscopic surgery. In this case, there are no documented circumscribed trigger points with evidence upon palpation of a twitch response, as required by MTUS guidelines. The request does not meet guideline criteria. The requested shoulder trigger point injection is not medically necessary.