

Case Number:	CM15-0126678		
Date Assigned:	07/13/2015	Date of Injury:	04/05/2010
Decision Date:	10/06/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 68 year old male, who sustained an industrial injury on 4/05/2010. He reported an acute injury to the right shoulder. Diagnoses include right shoulder rotator cuff tear and degenerative arthritis. Treatments to date include medication therapy, physical therapy, acupuncture treatments, chiropractic therapy and therapeutic injections. Currently, he complained of right shoulder pain. On 6/23/15, he was seen for a pre-operative visit, however had elected to postpone the procedure until after 9/17/15. The physical examination documented tenderness, weakness, and limited range of motion. The appeal request was to authorize a right shoulder injection under ultrasound, 5cc 1% Lidocaine and 40mg of Kenalog; naproxen 550mg one tablet twice a day; Omeprazole 20mg one daily; Flexeril 7.5mg one tablet three times a day; Neurontin 600mg; and Menthoderm Gel #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder injection (5cc Lidocaine 1% and Kenalog 40 mg): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213, table 9-6.

Decision rationale: ACOEM Guidelines state that corticosteroid injections to the shoulder may be considered after failure of conservative treatment for 2-3 weeks. ODG states that shoulder injections are an option with the diagnosis of adhesive capsulitis, impingement syndrome or rotator cuff problems, except for post-traumatic impingement of the shoulder. In this case, the patient had a prior shoulder injection at an unknown date, which reportedly gave a greater than 50% pain relief. However, the length of time of symptoms improvement/resolution is not documented. Therefore, due to the lack of information, this request is not medically necessary or appropriate.

Ultrasound (for injection): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic) - Ultrasound diagnostic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 213.

Decision rationale: The request is for ultrasound guidance for a shoulder injection. The shoulder injection is not recommended, so the ultrasound guidance is no longer necessary. Regardless, there is no current evidence that ultrasound guidance improves the efficacy or outcome of shoulder injections. Injections can be adequately performed guided by anatomical landmarks. Therefore, the request is not medically necessary or appropriate.

Naproxyn 550 mg Qty unspecified, 1 by mouth 2 times daily: Upheld

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
Page(s): 68.

Decision rationale: CA MTUS Guidelines state that NSAIDs like Naprosyn should be used at the lowest dose for the shortest period of time in patients with moderate to severe pain. This patient has had chronic pain since 2010. Long-term use of NSAIDs is not recommended due to cardiovascular and GI side effects. The medical records submitted do not establish when Naprosyn was started or the duration of treatment. The quantity of medication is not specified in the request. Therefore, the request is not medically necessary or appropriate.

Omeprazole 20 mg Qty unspecified, one by mouth every day: Upheld

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 Page(s): 68.

Decision rationale: CA MTUS Guidelines state that proton pump inhibitors, (PPI) like Omeprazole, are recommended in patients taking NSAIDs who are at intermediate or high risk of a GI event. The risk for a GI event is defined as 1) age greater than 65; 2) history of PUD, GI bleeding or perforation; 3) concomitant use of ASA, corticosteroids or anticoagulants; and 4) multiple or high dose NSAIDs. The records submitted do not indicate any GI complaints or issues, placing the patient at low risk with no medical necessity for a PPI. Therefore, the request is not medically necessary.

Flexeril 7.5 mg Qty unspecified, 1 by mouth 3 times daily: Upheld

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 Cyclobenzaprine, Muscle relaxants Page(s): 41-42, 64.

Decision rationale: CA MTUS Guidelines state that non-sedating muscle relaxants should be used with caution as a second-line option for short-term exacerbation of chronic low back pain. The greatest effect is within the first 3-4 days and the muscle relaxants should be used for no longer than 2-3 weeks. Efficacy diminishes over time and prolonged use may lead to dependency. In this case, there is no evidence of an acute flare-up. The date of injury is 2010 and ongoing use is not supported by MTUS guidelines. Therefore, the request is not medically necessary or appropriate.

Neurontin 600 mg Qty unspecified: Upheld

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 Anti-epileptics Page(s): 16-19.

Decision rationale: CA MTUS states that antiepilepsy drugs such as Neurontin are recommended as a first-line agent for neuropathic pain. In this case, the efficacy and benefit of Neurontin is not documented as recommended by the guidelines. Continuous use of Neurontin without documentation of benefit is not recommended. Therefore, the request for Neurontin is not medically necessary or appropriate.

Menthoderm gel #4, unspecified qty and usage: Upheld

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 Topical analgesics Page(s): 111-113.

Decision rationale: CA MTUS Guidelines state that the use of topical analgesics is largely experimental with few randomized controlled trials to determine safety or efficacy. The request is for Mentoderm, a compounded product containing methyl salicylate and menthol. In this case, the patient has received no benefit from oral NSAIDs, do a topical agent with methyl salicylate is unlikely to provide any benefit. There is also a lack of functional improvement documented from the use of Mentoderm. Therefore, the request for Mentoderm is not medically necessary or appropriate.