

<b>Case Number:</b>	CM13-0013799		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	04/03/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 60-year-old female who reported an injury on 04/03/2003 when she slipped going down metal stairs, and landed on her buttocks. The patient broke her fall by extending her arms and grabbing the pipes that were above and behind her, causing immediate pain in her upper extremities. The patient is noted to have been diagnosed with shoulder pain status post right decompressive surgery, cervicgia, lumbar spondylosis, and depression. The patient is noted to have complaints of pain including pain in the bilateral shoulders and arms, low back, neck and bilateral knees and feet. The patient is noted to have treated previously with trigger point injections which improved her pain, a TENS unit, massage, surgery, acupuncture, and chiropractic treatment which caused no change in her condition. She also reported the use of pain medications as having worsened her condition. The patient is noted to have treated on 06/19/2013 by [REDACTED] who reported the patient stated she was unable to tolerate the Cymbalta. She reported having lots of nausea and vomiting and sedation with just the initial dose and had discontinued it. She reported her Celebrex and tramadol helped her the most. On that date, the patient is noted to be taking Cymbalta 300 mg 2 a day, aspirin 325 mg 1 a day, Celebrex 200 mg twice a day, naratriptan HCL 2.5 mg every day may repeat every 4 hours, omeprazole 20 mg 1 every day, ranitidine 30 mg 1 at bedtime, Tramadol HCL 50 mg one 4 times a day. She noted that the pain medication provided her very little relief from pain. She reported it was painful to take of herself and she had to be slow and careful. She could only carry very light weights and could only walk with crutches or a cane. The patient could only sit in her favorite chair as long as she liked. She reported that pain prevented her from standing at all and noted she did not sleep well by using pain medications. She reported she had hardly any social life because of her pain and

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy one (1) time a week for six (6) weeks:** 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 Physical medicine Page(s): 98-99.

**Decision rationale:** The Chronic Pain Guidelines indicate that up to 8 to 10 visits are recommended for the treatment of myalgia and myositis. The medical records provided for review indicate that the patient is reported to continue to complain of ongoing chronic shoulder pain, arm pain, low back, and neck pain. She is noted to have treated conservatively in the past with physical therapy and she reported that the previous treatment with physical therapy provided no improvement in her condition. However, there is no current clinical documentation of physical exam findings of range of motion or strength deficits that would indicate the need for additional physical therapy and as such; the requested physical therapy does not meet guideline recommendations. The request for physical therapy one (1) time a week for six (6) weeks is not medically necessary and appropriate.

**Celebrex 200 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The Chronic Pain Guidelines indicate that NSAIDs are recommended for osteoarthritis or acute exacerbations of chronic pain of the back or for short-term symptomatic relief of chronic pain in the back. The medical records provided for review indicate that the employee is noted to have used Celebrex for pain. The patient has been taking the Celebrex on an ongoing routine basis for an extended period of time. There is no indication that she has been diagnosed with osteoarthritis, or that she has been using it for short-term symptomatic relief or exacerbations of her pain and as such, the requested Celebrex does not meet guideline recommendations. The request for Celebrex 200mg #60 is not medically necessary and appropriate.

**Ranitidine 300 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

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

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of proton-pump inhibitors (PPIs) or H2 receptor antagonist is recommended for the treatment of dyspepsia secondary to NSAID therapy. The medical records provided for review indicate that the patient is reported to be prescribed ranitidine 300 mg to be taken at bedtime. The patient is noted to be on Celebrex which is noted to cause fewer GI upsets than other NSAIDs. There is no documentation that the patient reports GI upset or dyspepsia and as such, the need for Ranitidine is not established. The request for Ranitidine 300mg #30 is not medically necessary and appropriate.

**Tramadol 50 mg #120:** 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 Opioids, criteria for use Page(s): 78.

**Decision rationale:** The Chronic Pain Guidelines indicate that patients that are taking narcotic analgesics on an ongoing basis should be evaluated for pain relief, functional status, appropriate medication use and side effects and this should be documented and notes that pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts, and notes that satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. The medical records provided for review indicate that the patient had been prescribed Tramadol for her pain. There is no documentation of the patient's current pain, least reported pain since the last assessment, average pain, how much pain relief the patient received from the medication, or how long it takes for pain relief, or how long the pain relief lasts and the patient is not noted to have had increased level of function or improved quality of life with the use of the opioid. The request for Tramadol 50 mg #120 is not medically necessary and appropriate.