MAXIMUS Federal Services

Case Number:	CM13-0020043		
Date Assigned:	12/27/2013	Date of Injury:	11/12/2010
Decision Date:	02/03/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Per 4/14/12 Patient is a 53 year old male with diabetes mellitus and hypertension with a work injury dated November 12, 2010. He was getting his toolbox out of the back of his truck when his right foot stepped on the wet floor causing him to lose balance. He was holding a 60-lb. toolbox with his right hand. When he slipped, he was going to drop the box, but held on causing a pulling sensation in the right shoulder and neck. He continued working with mild pain in the neck, right shoulder, mid and low back. The following day, when he got up, he was in extreme pain in his neck, right shoulder, mid and low back. On 4/14/12 his chief complaints of pain were in the head, cervical spine, bilateral shoulders, bilateral upper extremities with numbness in the 1st through 5th digits,. He also had pain in his thoracic spine, lumbar spine, bilateral lower extremities, thighs, and bilateral feet... The radiating pain in the legs began a couple of days later. The patient was referred to have an MRI of the right shoulder, date unrecalled. He was advised he would need right shoulder surgery. Approximately two months after the injury, he began to experience left shoulder symptoms. He attributes the pain to compensating for the right shoulder. He was off work for approximately one month. The patient had a right shoulder surgery in early 2011. The surgery helped a little. He began physical therapy 2x/week for six weeks for the right shoulder, which did not help. Approximately six months after the surgery, he complained of right shoulder pain. He was sent to have another MRI of the right shoulder. He was told he still had a tear and would require another surgery. The patient was referred to see [redacted] in [redacted], in approximately January 2013 for the right neck. The patient has had physical therapy for the right shoulder, which helps temporarily. EMG of the bilateral upper extremities shows mild left median neuropathy at the wrist and mild compression both ulnar nerves at the elb

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions: 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): 99.

Decision rationale: 8 physical therapy sessions are not medically necessary per MTUS guidelines. Per documentation submitted patient has had PT in the past. There are no actual documents submitted from these sessions and no evidence of significant functional improvement in documentation submitted. It is unclear from documentation submitted how many therapy sessions patient has actually had. Without this evidence further 8 physical therapy sessions are not medically necessary.

Cyclobenzapine 7.5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64, 41, 42.

Decision rationale: Cyclobenzaprine Hydrochloride 7.5mg #90 is not medically necessary per MTUS guidelines. Per guidelines: " This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008)." From documentation submitted patient was prescribed this medication originally dating back to 12/1212. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-Going medication management or treatment plan of this medicine which is only recommended as an option for short term use

Hydrocodone/APAP 2.5/325mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78-80, 91, 11-12.

Decision rationale: Hydrocodone/APAP 2.5/325mg, #90 is not medically necessary per MTUS guidelines. Documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include:

current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the pain has improved patient's pain or funtioning to a significant degree.

Omeprazole 20mg, #50: Upheld

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

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

Decision rationale: Per MTUS guidelines Omeprazole 20mg, #50: is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders.