

<b>Case Number:</b>	CM13-0033907		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	01/25/2008
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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. 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:

The patient is a 51 year-old female with a date of injury of 01/25/2008. The listed diagnoses per [REDACTED] dated 08/09/2013 are: 1) Myofascial pain 2) Cervical sprain 3) Bilateral shoulder pain 4) Lateral epicondylitis worse on the left 5) Repetitive trauma to upper extremities 6) Anxiety/stress 7) Sexual insufficiency 8) Insomnia 9) Weight gain According to report dated 08/09/2013 by [REDACTED], the patient presents with increased pain in her neck and upper extremities. Patient reports waking up a night with stiffening of the trapezius muscles with pain in the morning. Examination of the cervical spine reveals tightness in the trapezius. Ranges of motion are within normal limits. Examination of the bilateral shoulders reveals tenderness over the bilateral AC join as well as medial border of bilateral scapula. Range of motion is "somewhat" restricted in extension, internal rotation as well as abduction. Examination of the bilateral wrists and elbows show no significant findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine, Bilateral elbows, wrists and shoulders 2x4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 98-99.

**Decision rationale:** This patient presents with increased pain in her neck and upper extremities. Treater is requesting 8 physical therapy sessions for the cervical spine, bilateral elbows, wrists and shoulders. For physical medicine, the MTUS guidelines pgs 98, 99 recommends for myalgia and myositis type symptoms 9-10 sessions over 8 weeks. Medical records show this patient received a course of 9 sessions in 2008. The patient has been participating in a home exercise program. The treater has asked for 8 sessions of therapy and since it has been more than 5 years since last treatments, it would appear reasonable to support some therapy for this patient has persistent pain that have increased recently. Recommendation is for authorization.

**Ambien 5mg QHS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Official Disability Guidelines (ODG)

**Decision rationale:** This patient presents with increased pain in her neck and upper extremities. Treater is requesting Ambien. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, medical records indicate the patient has been prescribed Ambien since 02/01/2013. ODG Guidelines does not recommend long-term use of this medication, recommendation is for denial.

**Voltaren gel 1% topically 100gm:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** This patient presents with increased pain in her neck and upper extremities. The treater is requesting Voltaren gel 1%. The MTUS Guidelines state "that efficacy in clinical trials for this topical NSAIDS modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short-term use 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatments of osteoarthritis of the spine, hip, or shoulder." As indicated in the provided medical records dating from 02/01/2013 to 08/09/2013, the patient presents with chronic lateral epicondylitis. The patient

suffers from tendinitis problems of the elbows for which topical NSAIDs are indicated for. Recommendation is for approval.