

<b>Case Number:</b>	CM13-0034677		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery, 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 claimant is a 48-year-old female who was injured on March 1, 2005. The clinical records available for review in this case include assessment of August 15, 2013 with [REDACTED] indicating ongoing complaints of pain with multiple joints after a fall off of a ladder. She continues to complain of right shoulder, right elbow, neck, low back, hand and forearm discomfort. Radiographs reviewed on that date of the shoulder, elbow, and lumbar spine were noted to be within normal limits with the exception of degenerative changes at L3-4. The claimant's physical examination showed neurologic evaluation to be intact to the upper and lower extremities with normal motor, sensory and reflexive change, negative lower extremity straight leg raising, mildly restricted lumbar range of motion, full cervical range of motion with negative neurologic findings to the upper extremities. It is indicated the claimant is status post prior surgical processes including a 2007 right carpal tunnel release, a 2009 right shoulder arthroscopy as well as lumbar treatment in the form of multiple prior injections. At present there is a request for radiographs of the cervical spine, lumbar spine, right shoulder, right elbow and right wrist, as well as an MR arthrogram of the right wrist and continuation of medications in the form of Omeprazole, Naprosyn, Cyclobenzaprine and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-Rays: Cervical Spine, Lumbar Spine X 7 Views, Right Shoulder, Right Elbow, Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-268. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: shoulder procedure; and Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: forearm, wrist, hand p

**Decision rationale:** When looking at California ACOEM Guidelines and Official Disability Guidelines, request would not be supported. Recent records indicate the claimant has undergone recent imaging to the right shoulder, elbows, lumbar spine and wrist. There would be no current indication for repeat radiographs of the above nor would there be indication for further radiographs of the claimant's shoulder or cervical spine based on current clinical presentation. Based on lack of acute clinical findings or complaints, the role of the above process would not be indicated.

**Magnetic Resonance arthrogram of right wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: forearm/wrist/hand procedure.

**Decision rationale:** When looking at CA MTUS ACOEM and Official Disability Guideline criteria, an MR arthrogram of the wrist would not be supported. The claimant's recent physical examination findings do not demonstrate acute wrist findings on examination that would support the role of the MR arthrogram in question. Lack of physical examination findings coupled with lack of documented treatment to the wrist would fail to necessitate the need for further imaging at this time.

**OMEPRAZOLE 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, Omeprazole would not be indicated. Clinical records would not indicate the role of a protective proton pump inhibitor unless significant risk factor per clinical Guidelines is understood. Of the four documented Guidelines per MTUS criteria, the claimant does not meet any. The role of this agent would not be indicated at this time.

**NAPROXEN 550MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the continued role of non-steroidal medications would not be indicated. In the chronic pain setting, non-steroidal medications are only recommended for the smallest doses for the shortest period of time possible. Records in this case demonstrate no significant benefit with recent medication use in this claimant who is now nearly nine years from time of injury. The continued acute need of anti-inflammatory agents would not be supported.

**CYCLOBENZAPRINE 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not indicated in the chronic setting. Muscle relaxants are only recommended with caution as a second line option for short term acute exacerbation in the chronic pain setting. The continued role of these agents in this case at this chronic stage of the claimant's clinical course of care would not be supported.

**TRAMADOL 325 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids. Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Tramadol (Ultram) Page(s): 91-94.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Tramadol would not be indicated. Recent clinical studies indicate an unclear efficacy of use of this agent at greater than sixteen weeks of use. The claimant has clearly been utilizing the medication for a longer period of time. Its continued role in this chronic setting would not be supported based on the clinical records available for review.