

<b>Case Number:</b>	CM13-0046442		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	01/23/2010
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and shoulder pain reportedly associated with an industrial injury of January 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; prior shoulder surgery; prior carpal tunnel release surgery; knee corticosteroid injection; cervical epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report of October 14, 2013, the claims administrator partially certified six sessions of physical therapy, denied tramadol, denied Prilosec, denied Flexeril, and denied an orthopedic spine surgery consultation. The applicant's attorney subsequently appealed. In a Utilization Review Report of February 10, 2014, the applicant presents with persistent shoulder pain, knee pain, low back pain, neck pain, and earlier corticosteroid injection with no benefit, it was stated. The applicant is asked to pursue a left knee arthroscopy and right total knee arthroplasty. Multiple medications were renewed, including tramadol and Flexeril. The applicant was placed off of work, on total temporary disability. In a consultation of January 7, 2014, the applicant did present with worsening acid reflux. The applicant was apparently asked to employ Dexilant and discontinue Protonix. The applicant is also asked to cease NSAIDs. An October 15, 2013 progress note is again notable for comments that the applicant had issues with ongoing gastroesophageal reflux disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSIOTHERAPY 3 X 8 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PHYSICAL MEDICINE TOPIC Page(s): 99.

**Decision rationale:** The Expert Reviewer's decision rationale: The 24 sessions of treatment, in and of them, represent treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue present here. In this case, there has no evidence of functional improvement following completion of prior unspecified amounts of earlier physical therapy, it is further noted. The applicant is off of work, on total temporary disability, is actively contemplating further knee surgery and remains highly reliant and dependent on multiple medications. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy. Therefore, the request for additional physical therapy is not certified, for all the stated reasons.

**TRAMADOL HCL ER 150MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
OPIOIDS Page(s): 93-94,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 80.

**Decision rationale:** The Expert Reviewer's decision rationale: Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, it does appear that any of the aforementioned criteria have been met. The applicant's pain complaints are heightened as opposed to reduce. The applicant is off of work. There is no evidence of improved functioning achieved as a result of ongoing opioid therapy. Therefore, the request is not certified, on Independent Medical Review.

**PRILOSEC (OMEPRAZOLE) 20MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,  
GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton-pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant is consistently described on multiple occasions referenced above as experiencing ongoing issues associated with

dyspepsia. While Prilosec ultimately proved ineffectual and was replaced with Dexilant, it was indicated and appropriate as of the date of the Utilization Review Report, October 14, 2013. Therefore, the request is certified, on Independent Medical Review.

**FLEXERIL (CYCLOBENZAPRINE) 7.5 MG #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 CYCLOBENZAPRINE Page(s): 41.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified, on Independent Medical Review.

**ORTHOPEDIC SPINE SURGERY CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The Expert Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 305, referral for surgical consultation is indicated for applicants who have clear clinical, imaging, and/or electrophysiologic evidence of a lesion amenable to surgical correction in which conservative treatment has failed to resolve disabling radicular complaints. In this case, however, there is no evidence of a clear lesion amenable to surgical correction in-so-far as the spine is concerned. The bulk of the applicant's issue seemingly pertains to the hands, wrists, knees, and shoulder. There is little or no mention made of issues related to the spine. There is no MRI evidence of a lesion amenable to surgical correction. Therefore, the request is not certified, on Independent Medical Review.