

Case Number:	CM13-0069072		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2012
Decision Date:	04/21/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/20/2013

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 patient is a 51 year old female who was injured on 02/07/2012. She sustained an injury when she lifted a container filled with merchandise and noted a sharp pain in the left lower back. Prior treatment history has included 9 sessions of physical therapy which were of no benefit; cortisone injection to the left shoulder; lumbar epidural injection which was of no benefit. 08/15/2013 Medications Include: Omeprazole Gabapentin Naprosyn Tramadol Cyclobenzaprine Diagnostic studies reviewed include triple phase bone scan performed on 08/26/2013 which revealed no abnormalities to the left lower extremity, but for some suggestive minor degenerative changes to the 1st metatarsophalangeal joint of the foot. EMG/NCV performed on 09/03/2013 revealed no electrical evidence of a bilateral carpal tunnel syndrome. There is no evidence of an ulnar neuropathy bilaterally. There is no electrical evidence of a cervical radiculopathy. Urine Drug Screen performed on 11/20/2013 revealed Ultram is indicated for this patient and was not detected. Urine Drug Screen performed on 05/15/2013 revealed Gabapentin, Naprosyn, omeprazole as listed medications but negative on report. PR2 dated 11/06/2013 documented the patient to have complaints of ongoing bilateral shoulders, neck, lower back as well as her bilateral knees. Objective findings on exam revealed pain with terminal range of motion of bilateral shoulders as well as her lumbar spine. There is tenderness along the periscapular region as well as in the lower back at L4 through S1 and superior iliac crest. There is also tenderness at the thoracolumbar junction. She has knee pain with regards to her patellofemoral joints with compression. There is crepitation. The patient was diagnosed with 1) Multilevel lumbar spondylosis; 2) Radiation both lower extremities; 3) Cervical disc bulge C5-C6; 4) Left shoulder supraspinatus tendinosis; 5) Right shoulder pain; 6) Left lower extremity pain along the left ankle; 7) Bilateral patellofemoral pain; 8) Myofascial pain syndrome; and 9) Gastrointestinal complaints rule out onset induced gastritis. Per the AME

recommendations, an authorization was requested for physical therapy for the patient's bilateral shoulders, lower back as well as bilateral knee, 3 times a week for 6 weeks. The patient has received a refill for omeprazole and tramadol. The patient is to continue to work with modified light work duties. PR2 dated 10/04/2013 documented the patient to have complaints of ongoing pain in her left shoulder rated as 8/10, as well as right shoulder 7/10, as well as her neck 7/10. She has ongoing pain in her lower back 9/10, left knee 7/10, and left ankle 7/10. Objective findings on examination of her cervical spine revealed diminished range of motion. There is bilateral paraspinal tenderness and spasm C4-C7. Examination of bilateral shoulders demonstrates pain with internal rotation and cross shoulder abduction as well as abduction external rotation. The lumbar spine demonstrates tenderness at L3-S1 as well as superior iliac crest. She has negative straight leg raise bilaterally. Her medication was refilled. A request for authorization was given for Naproxen 500 mg #60 1 tablet twice a day and Omeprazole 20 mg #30 1 tablet every day. Agreed Medical Examination dated 08/15/2013 revealed neck pain remained unchanged since the date of injury. The right shoulder pain has increased since the date of injury. The left shoulder pain has increased since the date of injury. The right and left wrist pain has increased since the date of injury. The low back pain is temporarily improved by taking medication and the low back pain has increased since the date of injury. The right knee pain has increased since the date of injury. The left knee pain has increased since the date of injury. The right ankle pain has improved since the date of injury. The left ankle pain has improved since the date of injury. Physical therapy was initiated to the low back. The patient received 9 therapy sessions, and therapy was of no benefit. In June 2012, the patient was referred to [REDACTED]. Physical therapy was initiated to the cervical spine, bilateral shoulders and low back consisting of exercises. The patient received a total of 30 therapy sessions which were of no benefit. The patient last received therapy on March 25, 2013. Objective findings on examination revealed no palpable tenderness. The triceps, biceps and radial reflexes were present and equal bilaterally, left upper extremity weakness. Examination of right and left shoulders revealed no palpable tenderness and negative impingement sign; Cross arm test, Yergason sign, and Speed test were all negative. Examination of the lumbar spine revealed diffuse palpable tenderness throughout the mid-back and low back. The knee jerks and ankle jerks were present and equal bilaterally; Straight leg raising was negative bilaterally. The sensory examination did not reveal any areas of hypesthesia; motor power in selectively tested muscles did not reveal evidence of gross weakness. PR2 dated 08/09/2013 documented the patient to have ongoing complaints as it relates to her lower back as well as her ankle and shoulders. Objective findings on exam reveal diffuse tenderness, L3 through S1 as well as superior iliac crest. There is tenderness along the sacroiliac joint bilaterally. She does have negative straight leg raise. PR2 dated 02/21/2013 documented the patient to have complaints of left shoulder pain and weakness, left ankle pain, and right shoulder pain. The patient was recommended physical therapy 2 times a week for 4 weeks and NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the lumbar spine: Upheld

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

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

Decision rationale: As per CA MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort." In this case, a note dated 08/15/2013 indicates that this patient has received prior physical therapy treatment which was of no benefit. There is no documentation of objective function improvement or decreased pain with prior physical therapy treatment. Thus, the medical necessity has not been established and the request is non-certified.

Naproxen 500mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, Naproxen is "recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The guidelines recommend that it is reasonable to provide a short term trial with further treatment to be considered on documentation of symptomatic and functional benefit. However, the submitted medical records do not document functional improvement with chronic Naproxen use. Thus, the request is non-certified.

Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Per CA MTUS guidelines, omeprazole is recommended for patients at Intermediate risk for gastrointestinal events and no cardiovascular disease. In this case, there is no documentation of complaints of abdominal pain, GI events or ulcers. Therefore, the medical necessity has not been established and the request is non-certified.

