

Case Number:	CM14-0000888		
Date Assigned:	01/17/2014	Date of Injury:	11/08/2011
Decision Date:	04/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 30 year old with a reported date of injury of 11/08/2011. His diagnosis include closed head trauma, right shoulder internal derangement, status post arthroscopic repair, lumbar strain with radiculopathy, right ankle fracture, status post arthroscopic surgery, right knee internal derangement and anxiety reaction. His treatment plan has included physical therapy, surgery, medication; imaging studies, neurology consult, and joint injections. Per the most recent progress notes dated 12/10/2013 by his primary treating physician, the patient complained of dizziness, headaches, back pain, shoulder pain and numbness and tingling in both hands. Physical exam noted paravertebral muscle tenderness and spasm in the lumbar spine with reduced sensation in the right L5 dermatome, decreased range of motion in the right shoulder with anterior tenderness to palpation, right knee joint line tenderness and right ankle edema with anterior TFLs tender bilaterally. A request for certification of physical therapy, omeprazole, Orphenadrine ER, hydrocodone 5/325mg and Naproxen sodium 550mg was denied on 12/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NAPROXEN 550MG QTY 30: Upheld

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

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

Decision rationale: Per the California MTUS, the following recommendations are made:
Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008). Back Pain - Chronic low back pain: 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 review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008). According to the progress notes provided, this patient has been on NSAIDs for over one year without any clinically measurable improvement in pain or function, thus continued use of daily NSAID would not be indicated.

1 PRESCRIPTION OF HYDROCODONE 5/325MG QTY60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 80-96.

Decision rationale: According to the California MTUS the use of opioids in chronic pain appears to be efficacious but limited for short-term pain relief, and longer efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. The California MTUS also recommends discontinuation of opioids when: (a) if there is no overall improvement in function, unless there are extenuating circumstances. The patient has no documented improvement in pain or function despite over one year of opioids use. Previous reviews had approved Norco 5/325 #40 for weaning from opioids. The request for continued hydrocodone #60 would be in excess of the amount required for the next step in weaning the patient from opioids and thus not certified.

1 PRESCRIPTION OF ORPHENADRINE ER 100MG QTY 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: According to the California MTUS, muscle relaxants are indicated as a second line option for short-term use for exacerbation of chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). There is no clinical notation of acute exacerbation of the patient's chronic low back pain and the patient had been on the medication since 07/2013. Therefore, the continued use of this medication is not warranted.

1 PRESCRIPTION OF OMEPRAZOLE DR 20MG QTY 30: 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 and cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS, the concomitant use of a proton pump inhibitor and a NSAID is justified if the patient is determined to be of intermediate risk of gastrointestinal events and no cardiovascular disease. Risk factors for gastrointestinal events include: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no clinical evidence provided to show this patient has the above-mentioned risk factors or that he has had adverse gastrointestinal side effects from NSAIDs and thus the Omeprazole is not warranted.

12 PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability (ODG) Physical Therapy Guidelines

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

Decision rationale: According to the California MTUS the following recommendations about physical therapy are made: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of

pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Per the most recent progress notes dated 12/10/13, the patient stated physical therapy helped with his range of motion but not with the pain. The patient stated there was not a lot of focus on his right shoulder. However, a review of the record showed the patient had already received 10 sessions of physical therapy with focus on the right shoulder. There is no clinical indication of measurable improvement in pain or function from previous therapy, thus based on the above guidelines recommending a fading of treatment frequency and the patient's failure to progress/improve, additional physical therapy is not warranted.