

<b>Case Number:</b>	CM14-0004827		
<b>Date Assigned:</b>	05/23/2014	<b>Date of Injury:</b>	05/06/1999
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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:

This is a 67-year-old male with a 5/6/99 date of injury. The patient fell on his right shoulder when he tripped over a dolly. On 12/13/13, the patient had progressive worsening of his left shoulder pain, inability to lift the shoulder up. The patient has had physical therapy previously, which did help a lot. Objective exam: distress on exam, and apprehension with guarding of the left shoulder. Decreased shoulder ROM with 110 of flexion, and 110 degrees of abduction. A right shoulder MRI on 9/7/06 showed a severe partial tear of the supraspinatus tendon and a type III acromion with a SLAP tear with possible biceps tendon involvement. A left shoulder MRI on 9/7/06 showed a partial tear of the supraspinatus tendon, and AC joint hypertrophy. An un-dated progress report noted that the patient was experiencing increasing left shoulder pain and was instructed to resume home exercises, and start Celebrex and Nexium. Diagnostic Impression: Acute left shoulder pain, Subacromial Tendinopathy, Bursitis, Dyspepsia. Treatment to date: physical therapy, home exercise, activity modification, medication management. A UR decision dated 12/20/13 denied the request for physical therapy based on the fact that it was not clear how the physical therapy would be of added or functional benefit at his point as the patient already had previous physical therapy and has denied recommended surgical intervention for the shoulder. It is unclear why the patient could not manage their condition with a home exercise program. It is also not documented how many physical therapy sessions the patient has had to date. The NSAIDs/Anaprox were denied because the patient was already taking Motrin and was developing dyspepsia and Anaprox will not be of any less GI irritation. There was no mention that the NSAIDs were helping and the patient was not taking an over-the-counter proton pump inhibitor to address the dyspepsia symptoms. The Protonix was denied because there was no mention the patient was taking an over-the-counter PPI prior to consideration for a prescription form.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Physical Therapy Guidelines.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. ODG supports a "six-visit" clinical trial to see if the patient is moving in a positive direction. A request for continuation of physical therapy would make it reasonable to require documentation of objective improvement with previous treatment and functional deficits on exam that are likely to respond to PT. However, this patient has a 1999 date of injury. He is noted to have improvement with past physical therapy, but it is unclear why he does not have an established home exercise program at this point. Guidelines do support additional trials of physical therapy of 6 sessions, however, this request is for 8 sessions, which is excessive, given the date of the patient's injury and the chronic nature of his pain. Therefore, the request for Physical Therapy Two Times a Week for 4 weeks for the left shoulder was not medically necessary.

### **ANAPROX 550MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, there is no documentation that the patient is having any functional improvement from the use of NSAIDs. The patient has been on Motrin, and in another progress note it documents that patient was

started on Celebrex. Guidelines do not support the continued use of a medication, especially since the medication is causing the patient to have adverse side effects of dyspepsia, unless there is documentation of improvement from the medication. Therefore, the request for Anaprox 550 mg #60 was not medically necessary.

**PROTONIX 40MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Protonix).

**Decision rationale:** ODG states proton pump inhibitors are recommended for patients at risk for gastrointestinal events. In addition, a trial of Omeprazole or Lansoprazole is recommended before Pantoprazole (Protonix) therapy, as Pantoprazole (Protonix) is considered second-line therapy. However, there is no documentation that the patient has failed treatment with a first-line agent such as Omeprazole or Lansoprazole prior to initiating Protonix. Therefore, the request for Protonix 40 mg #30 was not medically necessary.