

<b>Case Number:</b>	CM14-0101508		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old male who reported an injury on 02/12/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included status post open reduction internal fixation of the right proximal humerus four part fracture, frozen shoulder. The previous treatments included medication, surgery, physical therapy. The diagnostic testing included an MRI of the right knee, CT of the right upper extremity, x-rays. Within the clinical note dated 06/27/2014, it was reported the injured worker complained of right shoulder pain with improvement of the range of motion and he complained of moderate to severe pain with shooting down the right upper extremity to the hand. The injured worker complained of right heel pain. Physical examination: the provider noted positive tenderness over the paracervical musculature. The provider indicated the injured worker's range of motion of the cervical spine was extension to 30 degrees with pain. The provider requested diclofenac, omeprazole, tramadol, physical therapy for the right shoulder; however, rationale was not provided for clinical review. The Request for Authorization form was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-67..

**Decision rationale:** The request for Diclofenac 100mg, #60 is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

**Omeprazole 20mg, #60:** Upheld

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

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

**Decision rationale:** The request for Omeprazole 20mg, #60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as omeprazole, are recommended for patients at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65; history of peptic ulcer, gastrointestinal bleeding or perforations; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage include stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Tramadol 150mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78..

**Decision rationale:** The request for Tramadol 150mg, #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced

by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

**Physical therapy 3 times a week for 6 weeks for the right Shoulder QTY: 18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Physical therapy 3 times a week for 6 weeks for the Right Shoulder is not medically necessary. The California MTUS Guidelines state that 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. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is lack of documentation indicating the efficacy of the previous course of treatment the injured worker had undergone. The number of sessions the injured worker has had of physical therapy was not submitted for clinical review. The additional number of sessions requested exceeds the guidelines recommendations. Therefore, the request is not medically necessary.