

<b>Case Number:</b>	CM14-0102195		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine & 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 65-year-old male who reported an injury of unspecified mechanism on 05/18/2010. In a psychiatric evaluation on 05/05/2014, his diagnoses included depressive disorder, NOS. His medications included Celexa 10 mg, Ativan 1 mg, Ambien 10 mg and Cialis 20 mg. In an appeal review of contested claims, it was noted that he had completed 24 visits of physical therapy in the past, including 12 visits between 10/27/2011 and 12/05/2011. He had also completed 12 sessions of acupuncture from 03/02/2011 through 04/21/2011. It was noted that his improvement had reached a plateau. An examination on 06/04/2014 revealed palpable tenderness at the right biceps tendon groove and superior deltoid. There was a positive Hawkins and Neer's test on the right. There were decreased ranges of motion and pain in all planes. There was atrophy at the right deltoid. The rationale for the requested therapies stated that a short course of physical therapy and acupuncture would be necessary due to the acute flare up of the injured worker's symptoms. There was no clinical data submitted regarding the lumbar spine. There were no subjective reports or quantifiable evidence of pain requiring pharmacological intervention. There was no Request for Authorization included in the injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 right shoulder and low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder; Low Back

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

**Decision rationale:** The request for physical therapy 2x3 right shoulder and low back is not medically necessary. The California MTUS Guidelines recommends active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. There were no clinical data submitted regarding any involvement of the injured worker's low back requiring therapeutic intervention. There was no evidence of a prior home exercise program. The need for physical therapy was not clearly demonstrated in the submitted documentation. Therefore, this request for physical therapy 2x3 right shoulder and low back is not medically necessary.

**Acupuncture 2x3 right shoulder and low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture 2x3 right shoulder and low back is not medically necessary. The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. There were no clinical data submitted regarding any involvement of the injured worker's low back requiring therapeutic intervention. There was no evidence that this worker was intolerant of or was reducing his medications. He was not receiving physical therapy nor was he a surgical candidate. The need for acupuncture was not clearly demonstrated in the submitted documentation. Therefore, this request for acupuncture 2x3 right shoulder and low back is not medically necessary.

**Naproxen 550 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

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

**Decision rationale:** The request for naproxen 550 #60 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lower possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. In acute exacerbations of chronic pain, they are recommended as a second line treatment after acetaminophen. In general,

there is conflicting evidence that NSAIDs are more effective than acetaminophen. Naproxen is recommended for treatment of osteoarthritis or ankylosing spondylitis. There is no evidence in the submitted documentation that the injured worker had either of these 2 diagnoses. Additionally, the dosage was incomplete in the request, and there was no frequency of administration specified. Therefore, this request for naproxen 550 #60 is not medically necessary.

**Norco 5/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-going management; Weaning of Medications Page(s): 91,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 5/325 #60 is not medically necessary. The California MTUS Guidelines note that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Assessments should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor, and a possible second opinion by a specialist to assess whether a trial of opioids should occur. A urine drug screen, which was submitted on 06/18/2014 revealed that the injured worker had no opioids in his system. There was no submitted data revealing that the injured worker had pain sufficient to require the use of opioid analgesics. Additionally, the dosage in the request was incomplete, and there was no frequency of administration. Therefore, this request for Norco 5/325 #60 is not medically necessary.