MAXIMUS Federal Services

Case Number:	CM14-0109508		
Date Assigned:	09/19/2014	Date of Injury:	07/31/2008
Decision Date:	11/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Louisiana. 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 44 year old female who sustained a cumulative trauma on 07/31/2008. She sustained an injury to her shoulder due to the repetitive nature of her job. Prior treatment history has included Naproxen, Pantoprazole. She was approved by physical therapy sessions in the past but it is not indicated that she attended. She had a right shoulder surgery. Orthopedic evaluation dated 01/20/2014 documented the patient to have complaints of neck and shoulder pain which was exacerbated by driving her bus. On exam, she has tenderness to palpation over the paracervical muscles bilaterally with no tenderness over the midline area. Range of motion of the cervical spine was full with flexion to 35 degrees; 35 degrees to extension; 35 degrees to lateral bending bilaterally; and 50 degrees to rotation bilaterally. The shoulder revealed no abnormality. Her passive and active range of motion were the same and revealed forward flexion to 175 bilaterally; abduction 175 bilaterally; internal rotation to T6 at 80 degrees bilaterally; and external rotation to 60 degrees bilaterally. There were no neurological deficits. The patient was diagnosed with cervical spine enthesopathy; cervical spine straightening of the upper mid cervical spine possibly related to muscle spasm; cervical spine disc protrusion at C5-C6 with 3.5 left postero-lateral disc protrusion with mild left C5-C6 foraminal encroachment; right shoulder postoperative status post subacromial decompression, partial acromioplasty. She has been recommended to continue Cyclobenzaprine 7.5 mg, Pantoprazole DR 20 mg, physical therapy 12 sessions with transition to a home exercise program; 6 sessions of acupuncture therapy for the cervical spine; and a pain management consultation for monitoring of pain medications. Prior utilization review dated 06/16/2014 states the requests for Retrospective Cyclobenzaprine 7.5mg quantity 60; Retrospective Pantoprazole DR 20mg quantity unspecified; Physical therapy x6; Acupuncture x6; and Pain Management referral are denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 7.5mg 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): 64.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended for flare-ups of chronic pain and muscle spasms for short-term use (2-3 weeks). There is no supporting documentation of subjective complaints of muscle spasm and long term use is not recommended therefore, this request is not medically necessary.

Retrospective: Pantoprazole DR 20mg quantity unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 - 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs

Decision rationale: Based on the Official Disability Guidelines, Pantoprazole, a proton pump inhibitor, is recommended for patients as risk of gastrointestinal events and should be used at the lowest does for the shortest possible amount of time. In this case, there is no supporting documentation of gastrointestinal diagnosis or symptoms and no factors that increase the risk of gastrointestinal event therefore, this request is not medically necessary.

6 sessions of Physical therapy: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for a time-limited treatment plan with defined functional goals, frequent assessments and modifications of the treatment plan based upon progression. In this case, there is

a lack of supporting documentation indicating if the prior six sessions that were approved was completed therefore, this request is not medically necessary at this time.

6 sessions of Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acupuncture

Decision rationale: According to the Official Disability Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines recommend a trial period of 3 to 6 treatments. In this case, there is no supporting documentation of a trial period of treatments and the documents indicate improvement with medication and physical therapy therefore, this request is not medically necessary.

Pain Management referral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examination & Consultation page 583

Decision rationale: The California Medical Treatment Utilization Schedule and evidence-based guidelines do support specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This was previously prescribed and approved in January 2014 but have yet to be completed therefore, this request is not medically necessary at this time.