MAXIMUS Federal Services

Case Number:	CM14-0109585		
Date Assigned:	08/01/2014	Date of Injury:	10/03/2011
Decision Date:	09/18/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine. 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 52 year-old female who has reported shoulder, neck, and back pain after an injury on 10/3/2011. The injury is described as a fall at work. Pre-operative medical reports show use of omeprazole and Vicodin. The reports from the treating surgeon do not list or discuss the ongoing medications; the reports refer to unspecified medications only, and work status as "temporarily totally disabled". Treatment has included a left shoulder arthroscopic subacromial decompression and debridement on 3/24/14 for "chronic impingement syndrome", partial rotator cuff tear, and AC joint osteoarthritis. Additional diagnoses include lumbar disc disease, radiculopathy and neck pain. 12 physical therapy visits are documented from 4/9/14 to 5/5/14. There is no mention of the total number of visits completed. The range of motion is stated to be 15% increased, but there are no measurements of motion present. Per the PR2 of 4/25/14, 6 physical therapy visits were completed. Multifocal pain was present. Shoulder pain and limited range of motion were present, with no measurements listed. The Discussion states that 6 visits of physical therapy are pending, and that 8 more should be given for a total of 24 post-operative visits. Work status was "temporarily totally disabled". There was no discussion of function. No medications were discussed or listed. The Utilization Review report referred to a PR2 of 5/23/14. That PR2 was not in the records provided for Independent Medical Review. On 6/20/14, a utilization Review was not medically necessary the medications and physical therapy now under Independent Medical Review. Note was made of 8 additional physical therapy visits authorized on 6/4/14. The requested physical therapy and medications were not medically necessary based on lack of medical necessity per the MTUS and the Official Disability Guidelines. The Utilization Review report stated that the specific indications for the medications were not present, and that specific benefit was not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3x4 Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The MTUS for post-operative physical medicine states that post-operative physical therapy is for functional improvement. The recommended initial course of therapy for this condition is 12 visits. At least 12 visits were completed by 5/5/14, and 8 visits were completed by 4/25/14. There are no reports from the surgeon addressing the results of physical therapy or which address functional improvement resulting from physical therapy. The most recent PR2 states that the injured worker is unable to perform any and all work, which implies a complete lack of functional improvement. No reports describe specific changes in range of motion. Given that this injured worker has completed a course of physical therapy recommended by the MTUS as an initial course, the lack of any reports which describe specific results from physical therapy, and the lack of physician reports describing specific functional improvement, the medical necessity for further physical therapy has not been established. No further physical medicine is medically necessary based on lack of functional improvement and the MTUS.

Tramadol150mg #30 x2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid managementOpioids, steps to avoid misuse/addictionindications, Chronic back pain Mechanical and compressive etiologiesMedication trials Page(s): 77-81, 94, 80, 81, 60.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The injured worker is no longer in the acute post-operative pain phase and any prescribing of opioids should be according to the MTUS recommendations for chronic pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". There is no record of a Urine Drug Screen (UDS) performed according to quality criteria in the MTUS and other guidelines. The prescribing physician describes this patient as "temporarily totally disabled", which generally represents a profound

failure of treatment, as this implies confinement to bed for most or all of the day. Tramadol is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

Protonix 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. This injured worker is not taking NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. No reports describe the specific risk factors present in this case.The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

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

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Norflex is not indicated and is not medically necessary.