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| <b>Case Number:</b>   | CM14-0109824 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 04/22/2013 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 06/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 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 Orthopedic Surgery 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 41 year old male with a 4/22/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/26/14 noted subjective complaints of left shoulder pain and lower back with radiation to the bilateral buttocks and thighs. Objective findings included tenderness of the left shoulder, decreased ROM of the lumbar spine. Diagnostic Impression: left shoulder impingement with labral tear, left shoulder AC arthritis, lumbosacral sprain. Treatment to Date: medication management, physical therapy. A UR decision dated 6/26/14 denied the request for computerized strength and flexibility assessment of the lumbar spine and BLE. The guidelines do not recommend this request as lumbar motion and strength can be measured with inclinometers. It also denied functional measures bilateral shoulders. There are no studies to support computerized strength testing of the extremities. It also denied Anaprox DS 550 mg BID #60. It also denied prilosec 20 mg BID #60. There is no evidence that the patient is at significantly increased risk for GI events. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication. It also modified Norco 2.5 mg every 12 hours #60 to #30. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication. It also modified Ultram ER 150 mg every 12 hours #30. There is no documentation of a maintained increase in function or decrease in pain with the use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computerized Strength and Flexibility Assessment of Lumbar Spine and bilateral lower extremities (BLE).: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter, forearm wrist and hand chapter

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that flexibility should be a part of a routine musculoskeletal evaluation, and does not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". ODG further states that there are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Therefore, the request for computerized strength and flexibility assessment of the lumbar spine and bilateral lower extremities (BLE) was not medically necessary.

**Functional Measures Bilateral Shoulders.: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist and hand chapter

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that computerized muscle testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. There is no evidence to support the use of the requested measurements. Therefore, the request for functional measures bilateral shoulders was not medically necessary.

**Anaprox DS 550 mg, twice a day (BID), 30 day supply, QTY: 60, effective 6/19/14.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**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, with a 2013 date of injury, it is unclear how long the patient has been on Anaprox. There is no clear documentation of objective functional improvement specifically due to the use of this medication. Therefore, the request for Anaprox DS 550 mg BID #60 was not medically necessary.

**Prilosec 20mg, twice a day (BID), 30 day supply, QTY 60, effective 6/19/14.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints. Furthermore, since the request for Anaprox could not be substantiated, there is no indication for Prilosec use. Therefore, the request for Prilosec 20 mg BID #60 was not medically necessary.

**Norco 2.5mg, 1 tab, every 12 hours, 30 day supply, QTY 60, effective 6/19/14.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. In

addition, there is no rationale for concurrent prescriptions for hydrocodone and tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 2.5 mg, 1 tab every 12 hours, #60 was not medically necessary.

**Ultram ER 150mg, 1 tab every 12 hours, 30 day supply, QTY 60, effective 6/19/14.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 78-81.

**Decision rationale:** CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for hydrocodone and tramadol. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Ultram ER 150 mg, 1 tab every 12 hours, #60 was not medically necessary.