

<b>Case Number:</b>	CM14-0011049		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 patient is a 49-year-old female who has filed a claim for cervical disc displacement and degeneration associated with an industrial injury date of September 24, 2009. Review of progress notes indicates neck pain, back pain, bilateral foot and ankle pain, and bilateral shoulder pain. The left shoulder pain radiates down up to the fingers. Patient reports improvement of neck and left shoulder pain with previous physical therapy sessions. Findings include positive Neer's impingement, cross over impingement, Apley's, and Hawkin's tests of the left shoulder with weak abduction against resistance; and decreased cervical and lumbar ranges of motion. X-ray of the left foot dated October 28, 2013 showed moderate degenerative narrowing with spur formation at the first MTP joint with tiny plantar calcaneal spur. X-ray of the right foot showed marked degenerative narrowing of the first MTP joint. Left shoulder MRI dated March 05, 2013 showed a focal tear of the rotator cuff interval, supraspinatus tendinitis, and AC osteoarthritis. Cervical MRI dated February 26, 2013 showed spondylolistheses at C3-4 and C4-5, multilevel disc protrusion with spinal canal narrowing and neuroforaminal narrowing. Of note, patient's blood test results dated December 09, 2013 showed multiple abnormalities - anemia, slight immunosuppression, elevated liver enzymes, elevated ESR, and elevated CPK. Treatment to date has included physical therapy, opioids, Tylenol, NSAIDs, muscle relaxants, topical analgesics, ice, Toradol injections, and left shoulder arthroscopic surgery. Utilization review from December 26, 2013 denied the requests for Omeprazole 20 mg #30 as there was no documentation of GI symptoms; Flexeril 10mg #60 was denied as there was no documentation of muscle spasms, or previous functional improvement with this medication. There was modified certification for physical therapy for #2 as there was no documentation of previous physical therapy sessions; Tramadol 50mg for #70 was modified as there was no documentation of

improvement from previous use, or failed trials of first-line opiates, and thus weaning was initiated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, twice a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. Per the submitted documentation, the patient has had 12 sessions of physical therapy. There was no documentation of significant improvement derived from these sessions. Also, the current request does not indicate the body part to which the sessions are directed. Therefore, the request for physical therapy twice a week for six weeks is not medically necessary and appropriate.

**Tramadol 50 mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management; Tramadol (Ultram) Page(s): 78-82, 113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines, state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Tramadol is not recommended as a first-line oral analgesic. It is indicated for moderate to severe pain. In this case, the patient has been on this medication since 2010. There was no documentation of failure of other first-line opiates to support this request. Also, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication, or of periodic urine drug screens to monitor medication use. Progress notes indicate that due to recent findings of multiple blood test abnormalities, all medications are to be discontinued at this time. Therefore, the request for Tramadol 50mg #90 is not medically necessary and appropriate.

**Omeprazole 20mg, #30: Upheld**

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

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, the patient has been on this medication since May 2013. There is no documentation of the abovementioned risk factors or upper GI symptoms to support this request. Therefore, the request for Omeprazole 20mg #30 is not medically necessary and appropriate.

**Flexeril 10 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine is a skeletal muscle relaxant and a CNS depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. In this case, the patient has been on this medication since 2009, but it is unclear whether this medication was used continuously since then. Recent progress notes indicate that patient has been on this medication since at least December 2013. However, there is no documentation of acute exacerbation of pain, or of significant muscle spasms to support this request. Also, this medication is not recommended for chronic use. Progress notes indicate that due to recent findings of multiple blood test abnormalities, all medications are to be discontinued at this time. Therefore, the request for Flexeril 10mg #60 is not medically necessary and appropriate.