

Case Number:	CM14-0015063		
Date Assigned:	02/28/2014	Date of Injury:	03/13/2011
Decision Date:	09/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/06/2014

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, has a subspecialty in Pain Management 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 female patient with the date of injury of March 13, 2011. A Utilization Review was performed on January 27, 2014 and recommended non-certification of continued Prilosec due to no GI complaints, continued Flexeril, physical therapy three times a week for four weeks for the cervical spine, and general orthopedic evaluation for the right shoulder. A Supplemental Report dated January 10, 2014 identifies Subjective Complaints of neck pain and radiating shoulder pain. She is also having some back pain. Objective Findings identify 1-2+ lumbar paraspinous muscle spasm. She is tender to palpation along these muscles. 2+ cervical paraspinous muscle spasm. Tender to palpation along these muscles. Decreased cervical spine range of motion with neck pain. Diagnoses identify status post anterior lumbar interbody fusion at L5-S1 and status post anterior cervical discectomy and fusion at C4-5 and C5-6 with possible non-union and backed out screw done by another physician. Treatment Plan identifies continue Naprosyn, Prilosec, Flexeril, and Tramadol. Request authorization for the patient to get into a structured physical therapy rehabilitative program for her cervical spine, three times a week for four weeks and evaluation with a general orthopedic surgeon for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PRILOSEC: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the patient is on chronic NSAID therapy. Prilosec is appropriate to avoid any gastrointestinal events. As such, the currently requested omeprazole is medically necessary.

GENERAL ORTHOPEDIC EVALUATION FOR THE RIGHT SHOULDER: 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) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for general orthopedic evaluation for the right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is note of shoulder pain. However, there is no indication that the diagnosis is uncertain or extremely complex, psychosocial factors are present, or the plan or course of care may benefit from additional expertise. In the absence of such documentation, the currently requested general orthopedic evaluation for the right shoulder is not medically necessary.

CONTINUE FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute

exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

PHYSICAL THERAPY 3X4 FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy 3x4 for the cervical spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 physical therapy sessions. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of objective treatment goals. In addition, the requested number of visits exceeds guidelines for an initial trial. In light of such issues, the current request for physical therapy 3x4 for the cervical spine is not medically necessary.