

<b>Case Number:</b>	CM14-0018022		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51 year old female who reported an injury on 05/25/2010 due to an unknown mechanism. A clinical note dated 01/23/2014 reports the injured worker with pain in the left shoulder and left hand. Upon physical exam, the anterior shoulders are tender to palpation, there is a restricted range of motion in the flexion and abduction, and there is a positive bilateral impingement sign. The progress note indicated that she is receiving therapy at a rate of three times a month, but there has not been a significant change in her condition. The injured worker's diagnosis is bilateral shoulder impingement syndrome, and right carpal tunnel syndrome. The EMG referred to on 01/23/2014 concluded that there lacked evidence of active or chronic cervical motor radiculopathy in any of the nerve roots tested or of the active or chronic denervation in the bilateral cervical myotomes. While at rest, all muscles tested show no abnormal spontaneous action potentials and with minimal voluntary muscle contraction, all muscles tested showed normal size, duration, configuration, and recruitment. Recommended treatment includes continued physical therapy, Omeprazole, Orphenadrine, Medrox, Norco, and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, 12 SESSIONS (3 X 4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines physical therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is evidence of some physical therapy sessions dated from at least 01/23/2014, at a rate of three times a month, with no positive response to treatment. Patients are also instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The progress note indicated that she is receiving therapy at a rate of three times a month, but there has not been a significant change in her condition. Therefore, the request for physical therapy is not medically necessary and appropriate.

**OMEPRAZOLE DR 20MG DAILY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk..

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommends the need to determine the risk for gastrointestinal events. The current medical records do not document signs, symptoms, or history of gastrointestinal conditions that would warrant the use of a proton pump inhibitor. It is also not warranted in the guidelines for use of a proton pump inhibitor as a prophylactic treatment. Therefore, the request is not medically necessary and appropriate.

**ORPHENADRINE ER 100MG BID #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 section on Muscle relaxants.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. There is no additional benefit shown in combination with NSAIDs. Prolonged use of some medications in this class may also lead to dependence. The EMG referred to on 01/23/2014 concluded that while at rest, all muscles tested show no abnormal spontaneous action potentials and with minimal voluntary muscle contraction, all muscles tested showed normal size, duration, configuration, and recruitment. Therefore, the request is not medically necessary and appropriate.

**MEDROX PAIN RELIEF OINTMENT BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines section on Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The ingredient Capsaicin is found in this cream, and it is recommended for use only as an option in patients who have not responded or are intolerant to other treatments. There is lack of documented evidence that the injured worker failed to respond to, or is intolerant of other treatment. Therefore, the request is not medically necessary and appropriate.

**NORCO 5/325MG BID PRN:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend ongoing monitoring of chronic pain patients on opioids such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors. There is lack of documentation to support measurable pain relief, side effects of the medication, ability maintain functional activities of daily living, and there is also an absence of a current urine drug screen. Therefore, the request is not medically necessary and appropriate.

**NAPROXEN SODIUM 550MG DAILY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend anti-inflammatories as a first line of treatment to reduce pain so that activity and functional restoration can resume, but long term use may not be warranted. NSAID's are to be used at its lowest dose, for the shortest duration period in patients with moderate to severe pain. The documentation included does not provide a rationale for continued use, or a benefit from prior use of the anti-inflammatory drug. Therefore, the request is not medically necessary and appropriate.

