

Case Number:	CM14-0119202		
Date Assigned:	08/06/2014	Date of Injury:	03/12/2013
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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 Family Practice 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 55 yr. old male claimant sustained a work injury on 1/24/13 involving the right shoulder and right elbow. He was diagnosed with lumbar radiculitis, lumbar degenerative disc disease, right ulnar neuritis, right shoulder impingement and rotator cuff tendonitis. In November 2013, he underwent a Mumford procedure and subacromial decompression. He had undergone over 18 sessions of physical therapy as well. Physical exam findings were notable for a positive straight leg raise, decreased range of motion of the lumbar spine and decreased sensation in the L5 dermatome. In June 2014, the treating physician had requested an additional 12 sessions of therapy along with Ultram 150 mg daily, Prilosec 20 mg twice a day, and Voltaren 100 mg twice a day. The claimant had been on Ultram for over a year as well as NSAIDs (Ibuprofen) for the prior year.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines, Low back - lumbar & thoracic Acute & chronic.

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

Decision rationale: According to the MTUS guidelines, therapy is intended for a weaning frequency with the intention of continue in home exercise program. The amount of therapy recommended is up to 10 visits over 8 weeks. Based on the amount of therapy already completed, the additional request is not medically necessary. Therefore, this request is not medically necessary.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82-92.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. There is a limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Tramadol was used chronically with no significant documented improvement in pain or function. Therefore, this request is not medically necessary.

Prilosec 20mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

Voltaren - XR 100mg # 60: Upheld

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

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

Decision rationale: Voltaren is an NSAID. According to the MTUS guidelines, it is not recommended in daily doses exceeding 150 mg. In addition, NSAIDs are intended for short-term use. The claimant had been on NSAIDs for over the year. The request for Voltaren-XR 100 mg #60 is not medically necessary.