

Case Number:	CM14-0121021		
Date Assigned:	08/06/2014	Date of Injury:	01/14/2013
Decision Date:	10/02/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/31/2014

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:

This is a 61-year-old female with a 1/14/13 date of injury. The mechanism of injury occurred as a result of prolonged sitting and repetitive typing at work. According to a progress report dated 6/11/14, the patient has had no significant improvement since the last exam and continued to have neck and shoulder pain. She was seeing some improvement with the physical therapy and would like to continue. She takes medication for pain, which helps her function. Objective findings: cervical paravertebral muscles are tender, cervical spine spasm is present, restricted ROM of cervical spine, anterior shoulder are tender to palpation bilaterally, painful left shoulder ROM, right shoulder positive impingement sign, bilateral elbows tender to palpation, lumbar paravertebral muscles are tender, lumbar spine spasm present, lumbar spine ROM restricted. Diagnostic impression: brachia neuritis or radiculitis, shoulder impingement, lateral epicondylitis, lumbar sprain/strain. Treatment to date: medication management, activity modification, acupuncture, injections, chiropractic treatment, physical therapy. A UR decision dated 7/2/14 denied the requests for Omeprazole, Orphenadrine, and Zolpidem. The requests for 12 physical therapy sessions were modified to 6 sessions and Norco was modified to allow this 1 fill of 120 tablets for weaning purposes. Regarding physical therapy, though the claimant has made improvements, physical findings remain limited, and the claimant has yet to return to work. So a modified physical therapy schedule is recommended. Regarding Orphenadrine, the documentation does not identify presence of spasticity and there is no documentation of significant functional/vocational benefit with the use of muscle relaxants. Regarding Zolpidem, use would not fall within the recommended 2-6 week duration for use and use beyond this period may result in further functional impairment, increased pain levels and levels of depression. Documentation further does not describe failure of behavioral interventions including following sleep hygiene techniques. Regarding Norco, the documentation does not identify measurable

analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 3x4 for neck, shoulder, elbow, hands wrist, back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114; Official Disability Guidelines (ODG) Low Back Chapter, Shoulder Chapter, Elbow Chapter, Neck and Upper Back Chapter, Forearm, Wrist and Hand Chapter

Decision rationale: CA MTUS stresses 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 is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. It is noted that the patient has had prior physical therapy treatment with benefits. However, there is no documentation of functional gains or significant pain improvement. In addition, the number of completed sessions is not noted. Guidelines only support up to 10 visits over 8 weeks for lumbar sprains and strains, shoulder impingement, sprains and strains of neck and 9 visits over 8 weeks for sprains and strains of elbow, wrists, and hands. An additional 12 sessions, along with the patient's completed sessions, would exceed guideline recommendations. Therefore, the request for PT 3x4 for neck, shoulder, elbow, hands wrist, back was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA 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. Omeprazole 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. However, according to the reports reviewed, there remains no report of gastrointestinal complaints or chronic NSAID use. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

Zolpidem Tartrate 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

Decision rationale: CA MTUS does not address this issue. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. According to the reports provided for review, the patient has been taking Ambien since at least 1/15/14. Guidelines do not support the long-term use of Ambien. In addition, there is no documentation that the provider has addressed non-pharmacological methods with the patient, such as proper sleep hygiene. Therefore, the request for Zolpidem Tartrate 10mg #60 was not medically necessary.

Norco 5/325mg #120: 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 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. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 5/325mg #120 was not medically necessary.

Orphenadrine ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports provided for review, the patient has been taking Orphenadrine since at least 1/15/14. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Orphenadrine ER 100mg #120 was not medically necessary.