

<b>Case Number:</b>	CM14-0122935		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant is a 42 year-old female with a history of a work injury occurring on 10/08/10. She sustained injuries to the neck and left shoulder, wrist, and hand. MRI scans on 11/11/10 and 01/26/11 are referenced but the results were not provided. She was seen by the requesting provider on 06/19/14. She had not been seen in over one year and her complaints of pain was exactly the same. She was having weakness radiating into her hand with numbness, tingling, pain at night, and she was dropping things. She had a worsening of symptoms and was requesting medications. She was having neck pain rated at 7/10 with stiffness and spasms and shoulder pain rated at 8/10. Physical examination findings included full cervical spine range of motion but with pain and full left shoulder range of motion with pain and findings consistent with rotator cuff syndrome. She had pain with wrist motion. Authorization for physical therapy and chiropractic care two times per week for six weeks was requested. Tramadol 50 mg #90, Naprosyn 550 mg #60, and Omeprazole 20 mg #30 were refilled. Work restrictions were continued. Follow-up was planned in six weeks. The claimant was seen by Dr. [REDACTED] on 07/28/14. She had completed two of six chiropractic treatments. The documentation includes progress and symptoms. What is documented is that she had "gotten a bit worse."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic /Physiotherapy treatments, for the cervical spine, left shoulder and left wrist, 2 times a week for 6 weeks for a total of 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic neck and radiating left upper extremity pain. When seen by the requesting provider, she had not been seen in over a year. In terms of either physical therapy or chiropractic treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.

**Retrospective request for Tramadol 50 mg, QTY: 90 tablets with 2 refills, as prescribed on 6/19/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic neck and radiating left upper extremity pain. When seen by the requesting provider, she had not been seen in over a year and, when seen, current medications, if any, are not listed. Guidelines recommend that questions to ask prior to starting a therapeutic opioid trial include whether there was improvement with prior opioid treatment and were there trials of other treatment, including non-opioid medications. In this case, the claimant's medication history including response to treatments at therapeutic doses is not described. Therefore, starting a therapeutic opioid trial of Tramadol is not medically necessary.

**Retrospective request for Omeprazole 20 mg, QTY: tablets 30 with 2 refills, as prescribed on 6/19/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic neck and radiating left upper extremity pain. When seen by the requesting provider, she had not been seen in over a year and, when seen, current medications, if any, are not listed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk

when NSAIDs are used. The claimant does not have identified risk factors for a GI event. She is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She has been prescribed a nonselective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a proton pump inhibitor such as Omeprazole be prescribed. Therefore, this request is not medically necessary.