MAXIMUS Federal Services

Case Number:	CM14-0157722		
Date Assigned:	10/01/2014	Date of Injury:	02/09/2013
Decision Date:	10/29/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 case involves a 36 year-old female with date of injury 02/09/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2014, lists subjective complaints as pain in the left shoulder and low back. Objective findings include an examination of the lumbar spine revealed the paraspinal muscles were symmetrical without any swelling or muscle spasm. Deep tendon reflexes were symmetrical for the bilateral lower extremities. Range of motion was restricted in all planes. Fabere test was positive bilaterally. Bilateral lower extremity exam revealed sensation was intact. Left shoulder findings in the patient had no tenderness or swelling of the left shoulder. Positive impingement sign and positive supraspinatus sign, positive crepitus, and decreased range of motion in all planes. Motor exam was 5/5 to bilateral upper extremities. Sensation exam to bilateral upper extremities was normal. Diagnosis includes left cervicothoracic strain with degenerative disc disease and mild upper extremity cervical radiculopathy; left shoulder strain; lower back strain with radiculopathy; contusion secondary to being punched; and degenerative disc disease T4-7. The medical records supplied for review documents that the patient has been taking Naproxen for at least as far back as one year an Omeprazole at least as far back as three months. Current medications are Omeprazole 20mg, #120 and Naproxen 550mg, #120. Medications: 1.Omeprazole 20mg, #1202.Naproxen 550mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): Pages 58-60.

Decision rationale: According to the medical records, the patient has undergone considerable physical therapy early in the claim. There has been little change in the patient's functional capacity since that time. The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no documentation explaining why the patient should return to physical therapy at this point in the injury. As such, the request for additional physical therapy is not medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26, Page(s): Page 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). In this case, there is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor Omeprazole. Therefore, this request is not medically necessary.

Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommend non-steroidal anti-inflammatory drugs (NSAIDs) at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking various

NSAIDs which have been prescribed to her for 18 months. There has been little documentation of functional improvement; therefore, this request is not medically necessary.