

<b>Case Number:</b>	CM14-0160862		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	03/23/2011
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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, Pain 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:

The injured worker is a 52-year old male that reported an injury on 03/23/2011. The mechanism of injury was not provided. The injured worker's diagnoses included C4-C5 disc protrusion, C4-C7 disc disease, facet syndrome, overlying myofascial pain with possible left C6 radicular pain, equivocal right T10 and T11 rib fractures with chest wall strain, and status post bilateral rotator cuff repair. Previous treatments included medications, home exercise program, weight loss, physical therapy and TENS unit. Surgical history was noted to include right rotator cuff repair dated 07/21/2006, with subsequent repair 09/2012, and left rotator cuff repair dated 07/20/2009. The injured worker reported complaints of worsening neck and bilateral shoulder pain on 08/14/2014. The cervical spine range of motion revealed flexion to 5 degrees, extension to 10 degrees, bilateral tilt to 5 degrees, left rotation to 40 degrees, and right to 35 degrees. The left supraspinatus motor strength was rated at 4/5. The bilateral shoulder range of motion revealed abduction and flexion to 90 degrees with positive bilateral impingement and empty can maneuver. PHQ-9 score of was 17/30 which indicated moderate depression. The Request for Authorization was submitted on 08/14/2014. The medication regimen included cyclobenzaprine and pantoprazole. The treatment plan included a request for follow up with orthopedic surgeon [REDACTED], prescription for cyclobenzaprine, ketoprofen and pantoprazole. The rationale for orthopedic referral is to address his significant worsening and decreased range of motion and inability to perform activities of daily living. There is no rationale for the request of Cyclobenzaprine, Ketoprofen and Pantoprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up with orthopedic surgeon: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Knee and Leg Procedure Summary (last updated 8/25/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Office visits

**Decision rationale:** The request for follow up with orthopedic surgeon is medically necessary. The ODG guidelines state, office visits recommend as determined to be medically necessary. The determination is based upon the injured workers concerns, signs and symptoms, clinical stability and reasonable physician judgment. As the injured workers condition are extremely varied, a set number of office visits per condition cannot be reasonable established. The injured worker has had previous bilateral shoulder surgery in 2006, 2009 and 2012. He has had use of a TENS unit, medication and physical therapy. The documentation submitted indicates positive impingement and empty can maneuver with evidence of physical deficit. There is documented evidence to support the request for orthopedic follow up and is support by the ODG guidelines. The request for orthopedic surgeon follow up is medically necessary.

**Cyclobenzaprine 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg is not medically necessary. The California MTUS guidelines state the use of cyclobenzaprine is recommended as an option for a short course of therapy. The injured worker has had previous use of Cyclobenzaprine with no documentation to support improvement. Long term use of cyclobenzaprine is not supported in the California MTUS guidelines. In addition the request as submitted failed to provide frequency and directions for use of the requested medication. As such, the request for Cyclobenzaprine 7.5mg is not medically necessary.

**Ketoprofen 50mg: Upheld**

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

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

**Decision rationale:** The request for Ketoprofen 50mg is not medically necessary. The California MTUS guidelines state the use of non-steroidal anti-inflammatory, (NSAIDS) drugs are recommended at the lowest dose for short periods. The injured worker has had previous use of NSAIDS with no documentation to support positive outcome. Long term use of Ketoprofen is not supported in the California MTUS guidelines. In addition, the request as submitted failed to provide frequency and directions for use. As such, the request for Ketoprofen is not medically necessary.

**Pantoprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Pantoprazole 20mg is not medically necessary. The California MTUS guidelines recommend non-selective NSAID with either a PPI or a Cox-2 selective agent. Long-term PPI use has been shown to increase the risk of hip fracture. To determine if the patient is at risk for gastrointestinal events would include age greater than 65 years; history of anticoagulant; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The clinical information provided for review, lacks documentation related to the patient presenting with history or risk of gastrointestinal events. As the ketoprofen is not certified, the need for a PPI to be utilized in conjunction with NSAID is not required. The clinical information provided for review lacks documentation related to the ongoing therapeutic or functional benefit in the ongoing use of Pantoprazole. As such, the request for Pantoprazole is not medically necessary.