

<b>Case Number:</b>	CM14-0025390		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	04/20/2001
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Interventional Spine 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 patient is a 57 year-old female with a 4/20/2001 date of injury. She has been diagnosed with right elbow strain and tendonitis; right wrist and forearm tendonitis and right Carpal Tunnel Syndrome (CTS); right shoulder strain with spontaneous exacerbation since 8/10/13; right cervical and trapezius strain with right cervical radiculitis; left wrist/forearm pain and paresthesia probably CTS; and chronic Gastroesophageal Reflux Disease (GERD) due to pain medications. According to the 1/27/14 neurology report form [REDACTED], the patient presents with unchanged neck and upper extremity pain. On 2/18/14, UR recommended non-certification for massage therapy for the shoulders 2x3; Norco 10/325mg prescribed on 1/27/14; and use of Omeprazole 20mg as prescribed on 1/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MESSAGE THERAPY TO TREAT THE SHOULDERS, TWO TIMES THREE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

**Decision rationale:** According to the 1/27/14 neurology report form [REDACTED], the patient presents with unchanged neck and upper extremity pain. She was not reported to be in an exercise program, the report states massage was helpful in the past, but does not discuss how it was helpful, or when it was provided, or the frequency or duration. California Medical Treatment Utilization Schedule (MTUS) guidelines for massage therapy states: "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases" There is no indication that this was to be as an adjunct to an exercise program, and no indication as to how many sessions of massage the patient has had previously. The request is not in accordance with MTUS guidelines. The treatment is not medically necessary and appropriate.

**NORCO 10/325 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

**Decision rationale:** According to the 1/27/14 neurology report form [REDACTED], the patient presents with unchanged neck and upper extremity pain. The request is for use of Norco 10/325mg #120. The 1/27/14 report does not have a pain assessment and does not discuss efficacy of the medication. The 12/16/13 report states the pain is 2/10 in the neck and 4/10 in the upper extremities. The 10/21/13 report does not provide a pain assessment. California Medical Treatment Utilization Schedule (MTUS) on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement," and on page 8 states "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response.

**OMEPRAZOLE 20 MG #40:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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

**Decision rationale:** According to the 1/27/14 neurology report form [REDACTED], the patient presents with unchanged neck and upper extremity pain. The patient is reported to have gastrointestinal (GI) upset due to medications, and history of Gastroesophageal Reflux Disease (GERD). California Medical Treatment Utilization Schedule (MTUS) states a Proton pump inhibitors (PPI) such as omeprazole can be used for treatment of dyspepsia from Non-steroidal anti-inflammatory drug (NSAID) therapy. The physician states the GI upset is from use of

NSAIDs, but does not list what NSAID the patient is taking. The boxed label indication for omeprazole is GERD. The use of omeprazole, according to the available report is in accordance with MTUS guidelines for treatment of dyspepsia secondary to NSAIDs, and it is in accordance with the labeled indications for omeprazole. Treatment is considered medically necessary and appropriate.