

<b>Case Number:</b>	CM14-0034917		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/29/2002
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 42 year old with a work injury dated 12/29/02. The diagnoses include thoracic, lumbar sprain/strain, rotator cuff syndrome of shoulder and allied disorders, chondromalacia of the patella, tear of medial cartilage or meniscus of knee, sacroiliac ligament, and wrist. Under consideration is a request for additional post-operative rehab for 8 sessions, two times a week for four weeks; Second Opinion Consult regarding Left Knee, Fioricet Quantity 60, Sonata 10 mg Quantity 30, Prilosec 20mg Quantity 30, Anaprox 550 mg Quantity 60, and Norco 10/325mg Quantity 60. There is a handwritten primary treating physician (PR-2) document dated 2/17/14. The patient complains of shoulder pain with movement. The patient is requesting more therapy and also something for the left shoulder spasm. On exam the range of motion is decreased in the shoulder. There is tenderness and muscle spasm of the left shoulder. The shoulder ranges of motion are decreased. The treatment plan includes medication refill and a request for a second opinion consultation regarding the left knee. There is a 4/16/13 MRI of the left knee which reveals minimal blunting of the inner free edge of the lateral meniscus which may relate to previous debridement. No enhancing defect or acute tear is identified and the medial meniscus is intact. There is edema/contrast signal along the popliteus muscle belly likely related to exuberant contrast distention of the joint and extravasation. Proximally the tendon remains intact. An operative report indicates that on 8/7/13 the patient had arthroscopic left shoulder decompression, distal clavicle resection (Mumford procedure) and extensive debridement of degenerative type 1 superior labrum anterior and posterior tear. The patient had 12 physical therapy sessions certified on 10/11/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Rehab 8 sessions, two times a week for four weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

**Decision rationale:** Additional post-operative rehab for 8 sessions, two times a week for six weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient had shoulder surgery in August 2013 and has completed post-operative therapy. The patient is beyond the 6 month post-surgical period. The patient should be versed in a home exercise program. There was a recent certification of 12 visits of therapy. Without documentation of objective efficacy of prior therapy and the number of therapy sessions in total that the patient has had since the surgery the request for additional post-operative rehab 8 sessions, two times a week for four weeks is not medically necessary.

**Second Opinion Consult regarding Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91.

**Decision rationale:** Decision for Second Opinion Consult regarding Left Knee is not medically necessary per the MTUS ACOEM guidelines. The guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The documentation is not clear as to why a second opinion is required, or evidence of difficulty agreeing to a treatment plan. Without clear indications for why this second opinion is requested a decision for a second opinion consult regarding the left knee is not medically necessary.

**Fioricet Quantity 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** Fioricet is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The guidelines state that barbiturate-containing analgesic agents (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The documentation submitted and the MTUS guidelines recommending against this medication do not support the medical necessity of this medication therefore Fioricet quantity 60 is not medically necessary.

**Sonata 10 mg Quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Health and Stress Chapter Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress, Insomnia treatment.

**Decision rationale:** Sonata 10 mg Quantity 30 is not medically necessary per the Official Disability Guidelines. The Official Disability Guidelines states that Sonata can be indicated for insomnia but only for short-term use (7-10 days). The MTUS was reviewed but does not address insomnia treatment. The Official Disability Guidelines recommends pharmacological agents only after careful sleep evaluation. There is no discussion regarding sleep hygiene. Without clear indications of why this medication is being taken, the length of time the patient has been on it, the non-pharmacological sleep hygiene alternatives attempted the request for Sonata 10 mg Quantity 30 is not medically necessary.

**Prilosec 20mg Quantity 30:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Prilosec 20mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (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 NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. For dyspepsia due to NSAID use the NSAID can be discontinued, changed to another class of NSAIDs or a proton pump inhibitor added. The documentation reveals that on subjective

complaints there are no discussions of dyspepsia or other gastrointestinal complaints. Prilosec 20mg quantity 30 is not medically necessary.

**Anaprox 550 mg Quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Anaprox 550 mg Quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Per the guidelines anti-inflammatories are recommended as an option for short-term symptomatic relief. It is unclear exactly how long patient has been on Naproxen. Documentation indicates that the patient has been on this medication at least for several months without significant functional improvement as defined by the MTUS or significant decrease in pain. Therefore, Naproxen is not medically necessary. The request for Anaprox 550mg Quantity 60 is not medically necessary.

**Norco 10/325mg Quantity 60:** Upheld

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

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

**Decision rationale:** Norco 10/325mg Quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. There is no indication that the pain has improved patient's pain or functioning to a significant degree therefore the request for Norco 10/325mg Quantity 60 is not medically necessary.