

<b>Case Number:</b>	CM14-0035262		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Family Practice and is licensed to practice in Georgia and Texas. 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 64-year-old male who reported injury on 03/05/2013 due to pain and discomfort in the neck, shoulders, low back, and left foot due to repetitive bending, pushing, pulling, and descending stairs, pushing a lawn mower weighing 140 pounds. The injured worker stated that his home exercise program for his right shoulder and left ankle was not helping. He also stated that his medications were helpful. Physical examination dated 02/27/2014 of the right shoulder revealed tenderness to palpation. It was reported to be most tender over the acromioclavicular joint and anterior and lateral deltoids about the right shoulder, right greater than left. It was also noted that there was crepitation noted with range of motion testing. Impingement testing did reveal evidence of obvious rotator cuff pathology. O'Brien's test was reported as positive. Examination of the back and lower extremities revealed lower lumbar segments elicited mild discomfort with percussion at L4-5 and L5-S1. The injured worker has diagnoses of cervical spine sprain/strain, right shoulder impingement syndrome, left shoulder impingement syndrome, lumbar spine strain/sprain, left foot plantar fasciitis, and left foot sinus tarsi syndrome. The injured worker has undergone electromyography (EMG)/NCV (nerve conduction velocity), physical therapy, and medication therapy. The medications include Condrolite 500/200/150mg 180 tablets, Prilosec 20mg 60 tablets, and tramadol ER 150mg 30 tablets. The treatment plan is for Condrolite 500/200/150mg #180, Prilosec 20mg 120 tablets, 12 pool therapy sessions for the right shoulder, one consultation and treatment if indicated for the right shoulder, and one consultation and treatment if indicated for the left foot and ankle. The rationale was not submitted for review. The request for Authorization Form was submitted on 01/16/2014 by the provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Condrolite 500/200/150mg #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Shoulder disorders. In: Hegmann, K. T., editor(s). Occupational Medicine Practice Guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL). ACOEM Practice Guidelines, 2011, pgs. 1-297.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The injured worker complained of pain in his shoulders, low back and left foot. No measurable pain documented. The CA MTUS guidelines recommend Condrolite as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Given that the use of Condrolite is for osteoarthritis, there was no medical necessity for this medication for the injured worker. There was no evidence in submitted reports stating that osteoarthritis was one of the diagnoses of the injured worker. Therefore, the request for one (1) prescription of Condrolite 500/200/150mg #180 is non-certified.

**Prospective request for one (1) prescription of Prilosec 20mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kahrilas, P. J., Shaheen, N. J., Vaezi, M. F., Hiltz, S. W., Black, E., Modlin, I. M., Johnson, S. P., Allen, J., and Brill, J. V. American Gastroenterological Association. American Gastroenterological Association Medical Position Statement on the management of gastroesophageal reflux disease. Gastroenterology. 2008 Oct;135(4):1383-91, 1391.e1-5.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker complained of pain in his shoulders, low back and left foot. No measurable pain documented. The CA MTUS guidelines state that patient's at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective non-steroidal anti-inflammatory drug (NSAID) with either a PPI (Proton Pump Inhibitor, for example, 20mg Prilosec daily) or misoprostol (200 mcg four times daily) or (2) a Cox-2 selective

agent. Long-term PPI use (more than one year) has been shown to increase the risk of hip fracture. The submitted report indicated that Prilosec was being used as a protective agent. The MTUS guidelines do not support the use of proton pump inhibitors for protective purposes. There was also no documentation of the injured worker having any esophageal issues due to his work related injuries. Therefore, without documentation of gastro esophageal symptoms to warrant the use of a proton pump inhibitor, the request for one (1) prescription of Prilosec 20mg #120 is non-certified.

**Prospective request for twelve (12) pool therapy sessions for the right shoulder: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The injured worker complained of pain in his shoulders, low back and left foot. No measurable pain documented. The California MTUS guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. The request submitted stipulates that the therapy is for the shoulder, which does not pertain to weightbearing or the need for reduced weightbearing. Pool therapy is not medically necessary. As such, the request for twelve (12) pool therapy sessions for the right shoulder is non-certified.

**Prospective request for one (1) consultation and treatment if indicated for the right shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic).

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

**Decision rationale:** The injured worker complained of pain in his shoulders, low back and left foot. No measurable pain documented. The Official Disability Guidelines (ODG) stipulates that recommendation of an office visit be determined whether it be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some

medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Given that the injured worker complained of shoulder pain, it appears to be medically appropriate for the injured worker to proceed with an office visit. The injured worker continued to complain of shoulder complaints and physical exam findings revealed impingement and rotator cuff pathology, crepitation, abnormal range of motion, and signs of a labral tear. The ODG indicates office visits to medical doctors play a critical role in the proper diagnosis and return to function of an injured worker. However, consultations and treatments should be reviewed separately. As such, given the injured worker's subjective complaints and objective findings, the request for one (1) consultation and treatment if indicated for the right shoulder is non-certified.

**Prospective request for one (1) consultation and treatment if indicated for the left foot and ankle: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 362. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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

**Decision rationale:** The injured worker complained of pain in his shoulders, low back and left foot. No measurable pain documented. The Official Disability Guidelines (ODG) stipulates that recommendation of an office visit be determined whether it be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. Following up with an office visit with the injured worker's medical doctors appears to be medically appropriate at this time. The injured worker continued to have pain in the left foot and ankle. Examination findings revealed tendon tears in the plantar aspect of the foot, as well as findings indicative of sinus tarsi syndrome. The ODG indicates office visits to the office of medical doctors. However, consultations and treatments should be reviewed separately. The treatment should be specific to properly determine medical necessity. As such, the request for one (1) consultation and treatment if indicated for the left foot and ankle is non-certified.