

Case Number:	CM14-0043635		
Date Assigned:	07/02/2014	Date of Injury:	02/11/2010
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 39-year-old female who reported an injury on 02/11/2010 due to hitting her head on the patient's left hand. The injured worker complained of left shoulder pain that has increased and she cannot reach above her head. The injured worker states that she has seen an improvement in her flexibility and range of motion but the shoulder feels more painful at night. The injured worker's prior treatment included physical therapy, H-wave and cortisone injections into the left shoulder. On physical examination dated 03/14/2014, the injured worker could move chin to chest but extension was limited to less than 10 degrees. Right and left lateral flexion, right and left lateral rotation were both limited but there is no quantified value on this test. The injured worker had a positive bilateral Spurling sign. There were decreased reflexes diminished at 1+ in the bilateral upper extremities. The injured worker's diagnoses were cervical spine degenerative disc disease, cervical spine radiculopathy, shoulder bursitis, subacromial, status post right shoulder arthroscopic glenohumeral with extensive debridement, capsulotomy, lysis of adhesions and removal of retained intraarticular suture, status post arthroscopic subscapularis repair decompression debridement, distal clavicle excision and lysis of adhesions. The injured worker's medications were celexa, gabapentin, orphenadrine, nizatidine, laxacin and ibuprofen daily. The treatment plan from provider is to continue home therapy and independent exercise as instructed, pharmacological pain management as needed, begin 30 day age wave trial to evaluate in 30 days for effectiveness which would be outlined in pain reduction coupled with decreased activity, physical therapy x6 with an evaluation on effectiveness of the C-spine as well as the bilateral shoulders. The TENS unit/age wave also prescribed to wean patient of

independence on medication. There is also request for physical therapy for the celebrex, for the prilosec, gabapentin and citalopram. The Request for Authorization Form was provided with documentation and submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x six, cervical spine: 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): 99.

Decision rationale: The request for physical therapy x6 of the cervical spine is not medically necessary. The California MTUS Guidelines support 9 to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker was noted to have decreased range of motion. However, this was not quantified in the documentation submitted. The documentation indicates that the injured worker had previous therapy of the shoulders and of the cervical spine. However, details regarding the prior treatment including the number of visits was completed and objective functional gains obtained were not provided. Due to the lack of objective evidence of functional improvement and previous visits, the appropriateness of the physical therapy cannot be established. Therefore, despite evidence of current objective functional deficit in the spine, the lack of documentation regarding the previous physical therapy sessions, and the specific number of visits that were completed the request is not supported. As such, the request for physical therapy x6 of the cervical spine is not medically necessary.

Celebrex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex/NSAIDs Page(s): 30, 67.

Decision rationale: The request for Celebrex is not medically necessary. According to the California MTUS Guidelines, anti-inflammatory medications are traditionally the first line of treatment to reduce pain so activity and functional restoration can resolve. The long term use of anti-inflammatories are not warranted. The injured worker states that she is getting more flexibility and range of motion to get work done during the day but is feeling pain at night. Objective exam of the cervical spine, revealed right and lateral flexion, right and lateral rotation were both limited. Despite the evidence of subjective and objective reports and findings of pain and limited range of motion and decreased pain with medication usage, there is a lack dosage of the proposed medication as well as the frequency and quantity in the request as submitted. Guidelines state NSAIDs are recommended for short term. There is no supporting documentation

of how long the injured worker has been on this medication. Given the above, the request for Celebrex is not medically necessary.

Prilosec BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The request for Prilosec twice daily is not medically necessary. The California MTUS Guidelines indicate that clinicians should weigh the indications of NSAIDs against both gastrointestinal and cardiovascular risk factors. The determining factors to check if the patient is at risk for gastrointestinal events include over 65 years of age, history of peptic ulcer, gastrointestinal bleed or perforation, concurrent use of aspirin or corticosteroids and/or an anti-coagulant or high doses of multiple NSAIDs. There is lack of documentation that the injured worker complained of gastrointestinal distress during clinical visits. On objective physical findings there was also a lack of notation that the injured worker was having problems with gastrointestinal bleeding, perforation, or a peptic ulcer. In the absence of documentation of gastrointestinal symptoms such as gastrointestinal bleeding or perforation, peptic ulcers or any kind of gastrointestinal distress, the request is not supported. Efficacy of the medication was not provided to support continued use. In addition, the request does not contain the dosage and quantity of the proposed medication. As such, the request is not medically necessary.

Gabapentin 1800mg/day divided doses: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): page(s) 49.

Decision rationale: The California MTUS Guidelines recommends the use of gabapentin for neuropathic pain. Gabapentin is considered an anti-epileptic drug, also referred to as anticonvulsant which has shown to be effective for treatment of diabetic, painful neuropathy and post therapeutic neuralgia and has been considered a first line treatment of neuropathic pain. The injured worker has been using this medication on an ongoing basis and there is no evidence of efficacy. There is no detailed evidence of any pain relief or a functional benefit to continued use. There is no subjective or objective gain. Although there is a documented diagnosis of cervical spine radiculopathy and tingling and numbness in the extremities, there is no detailed documentation to the benefit of gabapentin at this time. The request for gabapentin 1800 mg a day divided doses is not supported by the guidelines. Furthermore, the frequency for the proposed request of gabapentin and the quantity of the medication were not provided in the request as submitted. As such, the request for gabapentin 1800 mg a day divided doses is not medically necessary.

Citalopram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for citalopram is not medically necessary. According the California MTUS Guidelines, antidepressants for chronic pain is recommended as a first line option of neuropathic pain. The assessment of the treatment efficacy should include not only the pain outcome but also an evaluation of function, changes in the use of other analgesic medication, sleep quality and duration of how long you sleep and psychological assessment. The side effects of most antidepressants include excessive sedation that should be assessed at all times. It is also recommended that these assessments should include measurements initiated at least a week before the treatment of the recommended trial for at least 4 weeks. The injured worker reported that her left shoulder pain increases when she reaches above her head. The injured worker also reported that she continues to take the celexa, gabapentin, orphenadrine, nizatidine, laxacin and ibuprofen daily and she reports that it is currently not working. Due to the lack of the injured worker's response to the ongoing monitoring of pain control, the request is not supported. Furthermore, the request lacks the quantity of the medication as well as the frequency and dosage. As such, the request is not medically necessary.

