

<b>Case Number:</b>	CM14-0057831		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/27/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 and Pain Management, 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 37 year old female with an injury date on 04/27/2013. Based on the 04/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervicalgia. 2. Disorders of bursa and tendon in shoulder region, unspecified. According to this report, the patient complains of bilateral shoulder pain, left greater than right. The pain is rated as a 9/10 without medications and 5/10 with medications. The patient average pain in the last seven days is 7/10. The pain is worse with any activity, standing, doing housework and shopping. Tenderness is noted at the left cervical paraspinals muscles and posterior aspect of the left shoulder. Positive Yergason's test bilaterally and crossed arm adduction test was noted. MRI of the bilateral shoulder on 07/08/2013 reveals right moderate to moderately severe cuff tendinopathy, minor interstitial slitting, fraying of the bursal surface of the supraspinatus and subacromial bursitis. Left moderate to moderately severe cuff tendinopathy with interstitial slitting but no geographic or full thickness tear gap, chronic wear posterior superior labrum and down sloping acromion causing a narrowing of the outlet and may contribute to impingement. The patient is placed on modified duty with restrictions of no lifting or carrying over 15 pounds, no grasping or torquing with the bilateral upper extremities, and no overhead activities. There were no other significant findings noted on this report. [REDACTED] is requesting: 1. Physical Therapy 2 x 42. Diclofenac XR 100mg 3. Ultram 50mg. 4. Prilosec 20mg #60. 5. Zofran 4mg #8. The utilization review denied the request on 04/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 10/13/2013 to 04/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Physical Therapy sessions are not medically necessary and appropriate.:** Upheld

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

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

**Decision rationale:** According to the 04/11/2014 report by [REDACTED] this patient presents with bilateral shoulder pain. The treater is requesting 8 sessions of physical therapy. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show the patient "had physical therapy in May 2013 for several rounds that provided her moderate relief but without lasting benefit." Given that the last round of documented therapy is from nearly a year ago, a short course of therapy may be reasonable if the patient's symptoms are flared, or the patient's function has declined. However, the treater does not discuss the patient's treatment history or the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Therefore, the request of eight (8) Physical Therapy sessions is not medically necessary and appropriate.

**Diclofenac XR 100mg:** 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 (non-steroidal anti-inflammatory drugs) (Medications for chronic pain and NSAIDs, GI symptoms & cardiovascular risk) Page(s): 60, 61, 67, 68, 22.

**Decision rationale:** With bilateral shoulder pain. The treater is requesting Diclofenac XR 100mg. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." Diclofenac was first noted in the 10/13/2013 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. Therefore, the request of Diclofenac XR 100mg is not medically necessary and appropriate.

**Ultram 50mg:** Overturned

**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 Opioids, Criteria for Use of Opioids Page(s): 60,61, 76-78, 80,81, 88, 89.

**Decision rationale:** According to the 04/11/2014 report by [REDACTED] this patient presents with bilateral shoulder pain. The treater is requesting Ultram 50mg. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Also, MTUS page 78 requires documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors). Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. Ultram was first noted in the 11/07/2013 report; it is unknown exactly when the patient initially started taking this medication. In this case, the report shows the patient had return to work with modified duty. Although the treater does not provide all the required documentation, given the patient's level of function and how this medication has been helpful, therefore, the request of Ultram 50mg is medically necessary and appropriate.

**Prilosec 20mg #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: Pain Chapter, Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** According to the 04/11/2014 report by [REDACTED] this patient presents with bilateral shoulder pain. The treater is requesting Prilosec 20mg #60. Prilosec was first mentioned in the 10/13/2013 report. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the report show that the patient has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. As such, the request of Prilosec 20mg #60 is not medically necessary and appropriate.

**Zofran 4mg #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Ondansetron (Zofran).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Antiemetics (for opioid nausea), Zofran (Ondansetron).

**Decision rationale:** According to the 04/11/2014 report by [REDACTED] this patient presents with bilateral shoulder pain. The treater is requesting Zofran 4mg #8. The MTUS and ACOEM Guidelines do not discuss Ondansetron. However, ODG Guidelines has the following regarding antiemetics, "Not recommended for nausea and vomiting secondary to chronic opioid use. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks)." The 04/11/4014 report states "prescribed for nausea secondary to tramadol use." The request Zofran is not in accordance with ODG guidelines, therefore, the request of Zofran 4mg #8 is not medically necessary and appropriate.