

Case Number:	CM14-0077394		
Date Assigned:	08/06/2014	Date of Injury:	07/01/2009
Decision Date:	10/02/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 is licensed to practice in Illinois. 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 59-year-old female who reported injury on 07/01/2009 due to falling backwards after tripping while cleaning a spa. The injured worker has diagnoses of cervical spine pain, lumbar spine sprain with aggravation due to fall, status post left shoulder arthroscopy, status post right shoulder arthroscopy, history of right elbow fracture, radial head and coronoid, with recurrent dislocation, status post open reduction internal fixation with radial head arthroscopy and radial head arthroplasty, and right lateral collateral ligament repair, wrist sprain, bilateral knee internal derangement, and right ankle lateral ligament sprain with internal derangement. Past medical treatments consist of surgery, the use of a stim unit, physical therapy, acupuncture therapy, and medication therapy. Medications include Ultram, Naprosyn, and Norflex. The injured worker has undergone MRIs and x-rays. The injured worker underwent right shoulder surgery on 05/22/2012, and left shoulder surgery on 11/12/2012. On 06/10/2013, the injured worker complained of cervical spine pain, left shoulder pain, right shoulder pain, right elbow pain, right wrist pain, lumbar spine pain, bilateral knee pain, and right ankle pain. Physical examination of the cervical spine and upper extremities revealed normal cervical lordosis. There was no evidence of kyphosis or scoliosis. There was tenderness to palpation about the cervical spine, upper trapezius and paravertebral muscles bilaterally, left more than right. Cervical compression was positive on the left. Foraminal compression was negative. The injured worker revealed a flexion of 39 degrees, extension of 21 degrees, left lateral bend of 39 degrees, right lateral bend of 23 degrees, left rotation of 68 degrees, and a right rotation of 64 degrees. The injured worker had deep tendon reflexes of 2+ bilaterally. There was decreased sensation on the lateral more than medial aspect of the right forearm and along the ulnar nerve territory of the right hand with tingling sensation along the median nerve territory of the right hand. Motor power was normal to manual testing and symmetrical in all major muscle groups of

both upper extremities. Examination of the shoulders revealed that there was tenderness to palpation along the acromioclavicular joint, biceps tendon groove and anterior deltoid complex bilaterally, left more than right. Impingement test was positive on the left. The injured worker had a flexion of 122 degrees on the right and 116 degrees on the left; extension of 30 degrees on the right and 47 degrees on the left; abduction of 84 degrees on the right and 104 degrees on the left; adduction of 50 degrees on the right and 50 degrees on the left; internal rotation of 90 degrees on the right and 80 degrees on the left, and external rotation of 60 degrees on the right and 63 degrees on the left. Examination of the forearms and elbows revealed that there was palpation of the medial and lateral epicondyle on the right. Tinel's sign was negative at the right elbow. There were no signs of pain on resisted dorsiflexion of the wrists with the elbows in full extension. Range of motion revealed a flexion of 139 degrees on the right and 125 degrees on the left; extension of 0 degrees bilaterally; pronation of 75 degrees on the right and 73 degrees on the left; and supination of 28 degrees on the right and 52 degrees on the left. Examination of the lower extremities revealed that there was no thoracic shift. There was no evidence of scoliosis or increased thoracic kyphosis. Hips and pelvis were level. There was tenderness to palpation about the left more than the right lumbar paravertebral muscles, spinous process, left sacroiliac joints, and left sciatic notch. Range of motion revealed a flexion of 22 degrees, extension of 13 degrees, left lateral bend of 17 degrees, and right lateral bend of 14 degrees. There were deep tendon reflexes of 2+ bilaterally. Sensation to pinprick and light touch was normal bilaterally. Motor power was normal and symmetrical in all major muscle groups of the lower extremities. Straight leg raising was positive on the left and in the sitting and supine positions. The medical treatment plan is for the injured worker to receive additional physical therapy and continue the use of medications that consist of Naproxen, Prilosec, Norflex, Ultram, and topical compound of Cyclo-Keto-Lido cream. The injured worker is also recommended to receive medical clearance, the use of a home program, work conditioning, and quantitative functional capacity evaluation. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Physical Therapy to the Bilateral Shoulders and Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders, Leg & Knee

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

Decision rationale: The request for 6 Sessions of Physical Therapy to the Bilateral Shoulders and Right Knee is not medically necessary. The California Medical Treatment Utilization Schedule MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Physical medicine guidelines recommend for neuralgia, neuritis, and radiculitis, 8 to 12 visits over 4 weeks; myalgia and myositis, 9 to 10 visits over 8 weeks. The guidelines state that physical therapy can provide short term relief during the early phase. The injured worker was no longer in the early phases of pain treatment. Documentation revealed that the injured worker has had exercise, physical therapy, acupuncture therapy, and medication therapy. There was no evidence showing that whether they helped with any functional deficits that the injured worker may have had. Furthermore, given the above guidelines, the request as submitted exceeds the recommended MTUS Guidelines of physical therapy sessions. The submitted documentation did not state how many sessions of physical therapy the injured worker has already had and the request is for an additional 6 sessions. As such, the request for 6 Sessions of Physical Therapy to the Bilateral Shoulders and Right Knee is not medically necessary.

Naproxen 550mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

Decision rationale: The request for Naproxen 550mg #60 with 5 refills is not medically necessary. The California MTUS Guidelines indicate that naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, naproxen is recommended for relief of osteoarthritis, but it also states that it is recommended at its lowest effective dose and in shortest time duration. The submitted reports do not indicate how long the injured worker had been taking naproxen for. Long term use of naproxen in people has them at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that naproxen be given at its lowest effective dose, which is 250 mg. Give that the request is for 550 mg, it exceeds the MTUS Guidelines. Furthermore, the frequency and duration were not submitted in the request. The efficacy of the medication was not provided within the submitted report to warrant continuation. As such, the request for Naproxen 550mg #60 with 5 refills is not medically necessary.

Norflex 100mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), (Orphenadrine), Page(s): 63-65.

Decision rationale: The request for Norflex 100mg #60 with 5 refills is not medically necessary. According to the California MTUS, Orphenadrine (Norflex) is a non-sedating recommended muscle relaxant with caution as a second line option for short term treatment of acute exacerbation in patient with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine (Norflex) is similar to Diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The request submitted did not specify the duration or frequency of the medication. There was also no quantified information regarding pain relief. There was nothing noted in the submitted report as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, the submitted report lacked pertinent information regarding when the medication was used and for how long. Given the above, the request for Norflex is not supported by the California MTUS Guideline recommendations. As such, the request for Norflex 100mg #60 with 5 refills is not medically necessary.

Prilosec 20mg #60 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Prilosec (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Prilosec 20mg #60 with 5 refills is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for injured workers taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked evidence as to when the injured worker started taking NSAID therapy. Furthermore, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the medication, or cardiovascular disease. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted failed to include a frequency and duration. As such, the request for Prilosec 20mg #60 with 5 refills is not medically necessary.

Ultram 50mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Tramadol), Page(s): 78,93-94..

Decision rationale: The request for Ultram 50mg #60 with 5 refills is not medically necessary. The California Treatment Utilization Schedule (MTUS) Guidelines states central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and are not recommended as a first line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. MTUS Guidelines also state there should be a current pain assessment that should include: current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it took for pain relief, and how long pain relief lasted. There should also be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. As per guidelines, recommendations state that Ultram is not recommended as a first line oral analgesic. The submitted report lacked any information suggesting that the injured worker had neuropathic pain. The report also lacked any evidence of effectiveness of the medication. There were no notes suggesting what pain levels were during and after the medication. There was no documentation of the 4 A's to include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The submitted report lacked a urinalysis showing that the injured worker was in compliance with the MTUS. Furthermore, the request as submitted did not include a frequency or duration for the Ultram. Given the documentation submitted for review lacked evidence, the request for Ultram 50mg #60 with 5 refills is not medically necessary.

Topical Compound Cyclo-Keto-Lido Cream 240gm with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for Topical Compound Cyclo-Keto-Lido Cream 240gm with 1 refill is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. Guidelines also state that Lidoderm patch is the only topical form of Lidocaine approved. The guidelines do not recommend topical Lidocaine in any other form other than Lidoderm. As the guidelines do not recommend the use

of muscle relaxants, or the use Lidocaine for topical application, the medication would not be indicated. It was also unclear if the injured worker had a diagnosis which would be congruent with the guideline recommendation for topical NSAIDs. Furthermore, the request as submitted did not include the site for which the cream was intended for, or the frequency of the medication. As such, the request for Topical Compound Cyclo-Keto-Lido Cream 240gm with 1 refill is not medically necessary.

Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulders, Leg & Knee

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Clearance, Low back, Pre Op, General

Decision rationale: The request for medical clearance is not medically necessary. The Official Disability Guidelines state preoperative testing is often performed for surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the injured worker's clinical history, comorbidities, and physical examination findings. Injured workers with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. An alternative to preoperative testing for purposes of determining fitness for anesthesia and identifying injured workers at high risk for preoperative complications through history and physical examination, with selective testing based on clinician's findings. The included medical documents lacked evidence of any clinical history that would be indicative of high surgery risk for the injured worker. Furthermore, there was no indication in the submitted report that the injured worker was to undergo any type of surgical procedure. As such, the request for medical clearance is not medically necessary.

Quantitative Functional Capacity Evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CE. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The request for Quantitative Functional Capacity Evaluations is not medically necessary. The California MTUS/ACOEM states that a functional capacity evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a functional capacity evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment tailored to a specific job or task. Functional capacity evaluations are not recommended for routine use. A submitted report did show objective findings upon a physical examination demonstrating functional deficits. However, the documentation lacked evidence of how a functional capacity evaluation would aid the provider in an evolving treatment plan or goals. There was also lack of documentation of the other treatments the injured worker had undergone and the measurements of progress, as well as efficacy of the prior treatments. Given the above, the request for Quantitative Functional Capacity Evaluations is not medically necessary.

Home Program: 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 Exercise, Page(s): 46-47.

Decision rationale: The request for Home Program is not medically necessary. The California MTUS Guidelines state there is strong evidence that exercise programs, including aerobic conditioning and strengthening, is superior to treatment programs that do not include exercise. There was not enough sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Given the above, the request for Home Program is not medically necessary.

Work Conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, Page(s): 125-126.

Decision rationale: The request for Work Conditioning is not medically necessary. The California MTUS Guidelines recommend work hardening and work conditioning as an option, depending on availability of quality programs. Criteria for admission to a work hardening program are as followed: (1) work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level, (2) after treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning, (3) the worker must be no more than 2 years passed date of injury. Injured workers that have not returned to work by 2 years post injury may not benefit. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Work Conditioning is not medically necessary.

