

Case Number:	CM13-0054773		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2013
Decision Date:	05/01/2015	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

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 male who has reported shoulder pain after a work place injury on May 16, 2013. The diagnoses include left shoulder myoligamentous injury and rule out left shoulder internal derangement. The 10/2/13 MRI showed degenerative joint disease. Treatment has included medications, injection, acupuncture, chiropractic, and physical therapies. Physical therapy was provided for many visits during June, August, and September 2013. No reports show specific benefit, functional improvement, or the total number of visits attended. The treating physician reports during 2013 reflect ongoing shoulder pain, "temporarily totally disabled" work status, and limited range of motion. The chiropractic report of 8/5/13 notes prior physical therapy (two courses) with no benefit. He was not taking any medications for the injury at that time. Other reports show ongoing use of NSAIDs. The injured worker has seen at least 3 orthopedic surgeons. He saw an initial orthopedic surgeon on 7/23/13 who gave him a shoulder injection. The second orthopedic surgeon saw him for multiple visits in 2013, beginning on 8/12/13 and including the one on 9/17/13. The third surgeon saw him on 11/6/13 and recommended surgery. A urine drug screen result from 8/12/13 was reported as negative for all drugs tested, including tramadol and many other drugs with no apparent relevance to this injured worker. This result was not discussed. A urine drug screen result for 9/17/13 was positive for carisoprodol and negative for all other drugs. This result was not discussed. Carisoprodol was not in the list of prescribed drugs. At the initial visit on 8/12/13 with the orthopedic surgeon, the treatment plan included Terocin, Somnicin, Laxacin, flurbiprofen cream, cyclobenzaprine, a urine drug screen, continued physical therapy, and no work status. Per the PR2 and Request for

Authorization of 9/17/13, range of motion was limited, physical therapy was continued, pain meds were refilled (tramadol, Flexeril, omeprazole, Relafen), topical compounds were continued, and urine toxicology was prescribed. There was no discussion of the results of any treatment and reasons to continue the medications or physical therapy. No indications were given for the urine drug screen. Subsequent reports show continuation of medications and no discussion of the indications or results for any of the medications. On 11/1/13, Utilization Review certified tramadol, Relafen, surgical consultation, and an MRI. Flexeril, omeprazole, physical therapy, and a urine drug screen were non-certified. The MTUS and the Official Disability Guidelines were cited in support of the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. This injured worker has a shoulder injury, not back pain, and there is no apparent indication for a muscle relaxant. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing specific for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long-term use and not a short period of use for acute pain. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. No reports discuss the results of using cyclobenzaprine. Cyclobenzaprine, per the MTUS, is indicated for short-term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for muscle relaxants, per the MTUS, should be for short-term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Cyclobenzaprine is not medically necessary.

OMEPRAZOLE: Upheld

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

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

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for PPIs, per the available medical evidence, should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. Cotherapy with an NSAID is not indicated in patients other than those at high risk. This injured worker is not taking oral NSAIDs or other medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. No reports describe the specific risk factors present in this case, as presented in the MTUS. No reports discuss the results of using omeprazole. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines, Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens.

Decision rationale: The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. The treating physician has prescribed monthly urine drug screens and has not address the results of these tests in any of the provided reports, including discussion of inconsistent results. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There is no evidence in this case that opioids are prescribed according to the criteria outlined in the MTUS. The treating physician has not listed any other reasons to do the urine drug screen. The guidelines above recommend testing at baseline, and several times a year depending on the clinical factors. Monthly tests are very frequent and would be indicated only if they were random or meant to address a high risk scenario. No such factors were prescribed. The tests that were performed included many unnecessary tests, as many drugs with no apparent relevance for this patient were assayed. The guidelines cited above make a number of detailed recommendations for testing, including the frequency and content of testing, and directions for interpreting drug test results. Potential problems with drug tests include: variable quality control, forensically invalid methods of collection and testing, lack of random testing, lack of MRO involvement, unnecessary testing, and improper utilization of test results. Strict collection procedures must be followed, testing should be appropriate and relevant to this patient, and results must be interpreted and applied correctly. Given that the treating physician has not provided details of the proposed testing, the lack of an opioid therapy program in accordance with the MTUS, the unaddressed test results, the frequent tests, and that there are outstanding questions regarding the testing process, another urine drug screen is not medically necessary.

CONTINUED PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement. Physical Medicine Page(s): 9, 98-99.

Decision rationale: The request to Independent Medical Review is for an unspecified quantity and duration of physical therapy sessions. The treating physician has not provided an adequate prescription which must contain diagnosis, duration, frequency, and treatment modalities, at minimum. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. The treating physician has not presented the number of visits completed, the results of therapy, and the reasons why more physical therapy is necessary. The injured worker has already attended many visits prior to this most recent request and there is no evidence of any specific benefit. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, lack of a sufficient prescription, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS. Therefore, the request is not medically necessary.

