

Case Number:	CM14-0178278		
Date Assigned:	10/31/2014	Date of Injury:	12/23/2012
Decision Date:	02/19/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female patient who sustained a work related injury on 12/23/12. Patient sustained the injury when she was bending over trying to push two beds together. The current diagnoses include Lumbar sprain and strain, adhesive capsulitis of shoulder and wrist sprain and strain. Per the doctor's note dated 8/28/14, physical examination revealed mild muscle guarding over the lumbar spine and tenderness about the lumbar spine, reduced range of motion of the lumbar spine with manual muscle testing 5/5, a positive straight leg raise at 30' on the right with a positive Lasegue's, reduced range of motion of the right shoulder with positive provocative testing about the right shoulder, reduced range of motion of the right hip compared to the left and full range of motion of the knees and ankles bilaterally, and a positive effusion and positive McMurray's about the right knee. The medication lists include Norco, Ultram, Omeprazole. The patient has had X-rays of the right elbow on 3/3/14 were within normal limits; X-rays of the right shoulder on 3/3/14 revealed mild degenerative changes, acromioclavicular joint, right shoulder, calcific rotator cuff tendinitis; X-rays of the right and left knees on 3/3/14 demonstrated 3 mm of medial joint space and 2 mm of patellofemoral compartment; X-rays of the lumbar spine on 3/3/14 revealed mild degenerative disc disease; X-rays of the pelvis on 3/3/14 mild cystic change noted at the superior aspect of the left acetabulum; MRI Scan of the Right Shoulder on April 3, 2014 that revealed tear of the supraspinatus tendon without muscle atrophy; MRI Scan of the Lumbar Spine on April 3, 2014 disc protrusion and foraminal narrowing; MRI Scan of the Right Knee on April 3, 2014 that revealed Medial and lateral meniscus tears. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received an

unspecified number of PT visits for this injury. She has had a urine drug toxicology report on 7/31/14 and 3/3/14 that was negative for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for 8 sessions of physical therapy is not fully established for this patient.

QW Drug screen full panel drug screen DOS 10/08/14: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Per the CA MTUS guideline cited above, drug testing is "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs." Per the guideline cited below, drug testing is "The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment.... Frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument.... Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory

testing for inappropriate or unexplained results." As per records provided medication lists includes Norco. The previous drug screen, prior to the requested one on 10/8/14, was done in 7/2014. It is medically appropriate and necessary to perform a urine drug screen to monitor the use of any controlled substances in patients with chronic pain. It is possible that the patient is taking controlled substances prescribed by another medical facility or from other sources like - a stock of old medicines prescribed to him earlier or from illegal sources. The presence of such controlled substances would significantly change the management approach. The request for QW Drug screen full panel drug screen DOS 10/08/14 is medically appropriate and necessary in this patient.

Protonix Pantoprazole 20mg #60 1 cap twice daily DOS 10/08/14: Upheld

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

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

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events..... Patients at high risk for gastrointestinal events..... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer.