MAXIMUS Federal Services

Case Number:	CM14-0204654		
Date Assigned:	12/16/2014	Date of Injury:	11/03/2002
Decision Date:	02/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of November 3, 2002. A utilization review determination dated December 2, 2014 recommends non-certification of Anaprox DS 60mg with 3 refills with modification to one prescription only, nortriptyline 10 mg #30 with three refills with modification to one prescription only, and 12 water-based physical therapy visits. A progress note dated November 21, 2014 identifies subjective complaints of right shoulder pain, the patient continues to decline any surgical options, and she is doing home exercises. The patient reports that the right shoulder is achy, sharp, throbbing, and there is radiation down to the right elbow. The patient states that her pain level is a 7-8 and that the pain is worse in the evening. The patient states that her pain is exacerbated with shoulder movements that involve repetitive motion, pushing, and pulling. Her pain is improved with a heating pad and pain medication. The physical examination identifies good range of motion and positive impingement signs. The diagnoses include bicipital tenosynovitis, shoulder impinging syndrome, and arthralgia of the shoulder. The treatment plan recommends a prescription for Norco 10/325#100, a prescription for Anaprox DS 60, and a prescription for nortriptyline 10 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 60mg with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 OF 127.

Decision rationale: Regarding the request for Anaprox DS 60mg with 3 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that the Anaprox is a new prescription. Therefore, it is unknown if this trial will result in subjective and objective functional improvement and the need for refills cannot be determined at the present time. As such, the currently requested Anaprox DS 60mg with 3 refills is not medically necessary.

Nortriptyline 10mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: Regarding the request for Nortriptyline 10mg #30 with 3 refills, guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, it appears that the Anaprox is a new prescription. Therefore, it is still unknown if this trial will result in subjective and objective functional improvement and the need for refills cannot be determined at the present time. As such, the currently requested Nortriptyline 10mg #30 with 3 refills is not medically necessary.

12 Water-based Physical therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22, 98-99 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 12 water based physical therapy visits, Guidelines do not contain criteria for the use of aquatic therapy in the treatment of shoulder conditions. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable,

for example extreme obesity. Guidelines go on to state that for the recommendation on the number of supervised visits, see physical therapy guidelines. Within the documentation available for review, it is unclear why reduced weight bearing would be appropriate for this patient with a shoulder injury. Reduced weight-bearing is generally recommended for back and knee conditions, but not upper extremity issues. In the absence of clarity regarding those issues, the currently requested 12 water based physical therapy visits is not medically necessary.