

Case Number:	CM14-0206019		
Date Assigned:	12/16/2014	Date of Injury:	10/18/2011
Decision Date:	02/18/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/09/2014

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: California, Florida, Texas
 Certification(s)/Specialty: Internal Medicine, Occupational 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:

According to the records made available for review, this is a 53-year-old female with a 10/18/11 date of injury. At the time (8/15/14) of request for authorization for Urine Drug Test, Omeprazole 40mg 1 Capsule QAM AC PO #30, Cyclobenzaprine 7.5mg Take 1/2-1 Tab Q8-12H PRN #90, and Acupuncture 2-3xwk X 4wks Bilateral Shoulders, there is documentation of subjective (bilateral shoulder pain radiating to right arm) and objective (decreased range of motion and tenderness over the bilateral shoulders) findings, current diagnoses (shoulder sprain/strain), and treatment to date (medications (including ongoing treatment with Omeprazole, Cyclobenzaprine, Norco, and Naproxen)). Medical report identifies that the patient experiences abdominal pain with Naproxen use. Regarding Urine Drug Test, there is no documentation of abuse, addiction, or poor pain control. Regarding Cyclobenzaprine 7.5mg Take 1/2-1 Tab Q8-12H PRN #90, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Acupuncture 2-3xwk X 4wks Bilateral Shoulders, it cannot be determined if this is a request for initial or additional acupuncture treatments; and there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Test: 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), Online Edition, Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of a diagnosis of shoulder sprain/strain. In addition, there is documentation of ongoing treatment with opioid. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine Drug Test is not medically necessary.

Omeprazole 40mg 1 Capsule QAM AC PO #30;: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of PPIs. Within the medical information available for review, there is documentation of a diagnosis of shoulder sprain/strain. In addition, given documentation that the patient experiences abdominal pain with Naproxen use, there is documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription of Omeprazole 40mg 1 Capsule QAM AC PO #30 is medically necessary.

Cyclobenzaprine 7.5mg Take 1/2-1 Tab Q8-12H PRN #90: 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 Muscle relaxants (for pain) Page(s): 63 and 64. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 and the Official Disability Guidelines (ODG); Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of shoulder sprain/strain. In addition, given documentation of ongoing treatment with opioids, there is documentation of Cyclobenzaprine used as a second line agent. However, there is no documentation of acute muscles spasms or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Cyclobenzaprine, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg Take 1/2-1 Tab Q8-12H PRN #90 is not medically necessary.

Acupuncture 2-3xwk X 4wks Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of a diagnosis of shoulder sprain/strain. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to

hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, given documentation of a 10/18/11 date of injury where there would have been an opportunity to have had previous acupuncture treatments, it is not clear if this is a request for initial or additional (where acupuncture treatments provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture treatment. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2-3xwk X 4wks Bilateral Shoulders is not medically necessary.