

Case Number:	CM15-0002732		
Date Assigned:	01/13/2015	Date of Injury:	05/17/2004
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 43 year old female with an injury date of 05/17/04. Based on the 12/16/14 progress report provided by treating physician, the patient complains of pain in her left shoulder and neck, rated 6/10. Patient is status post shoulder surgery 2005, date unspecified. Physical examination to the left shoulder on 12/16/14 revealed tenderness to palpation to AC joint, trapezius and supraspinatus muscles. Range of motion was decreased, especially on abduction 70 degrees. Patient has completed 6 sessions of physical therapy with minor benefits. Based on the 10/01/14 progress report, patient uses medication and TENS to help control her pain. Per 12/16/14 progress report, patient's medications include Diclofenac ER, Cyclobenzaprine, Omeprazole and TENS Unit Patches. Per 05/06/14 progress report, patient was prescribed Naproxen. Patient was prescribed Cyclobenzaprine and Omeprazole from 05/06/14 and 01/24/15. Patient is working full duty. Diagnosis 10/01/14, Left shoulder joint pain 2005, Status post surgical, Myofascial pain, Cervical radiculitis, Cervical sprain/strain. The utilization review determination being challenged is dated 12/08/14. The rationale follows: 1) "... there is no evidence of any gastrointestinal complains from the medications..." 2) "... This patient's recent and past evaluation findings revealed no indication of an acute exacerbation of low back pain, or signs of muscle spasms that would warrant the need for a muscle relaxant..." 3) "... the patient had completed 6 sessions of physical therapy which resulted in minor objective gains... and "additional physical therapy is warranted in order to fulfill the guidelines-based recommendations of 9-10 visits with the understanding that the patient should be progressed into

a self-directed home exercise program..." Treatment reports were provided from 05/06/14 - 01/24/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OMEPRAZOLE 20MG #60 - NON-CERTIFIED: Overturned

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): 69.

Decision rationale: The patient presents with pain in her left shoulder and neck, rated 6/10. The request is for 1 PRESCRIPTION OF OMEPRAZOLE 20 MG # 60 - NON- CERTIFIED. Patient is status post shoulder surgery 2005, exact date unspecified. Physical examination to the left shoulder on 12/16/14 revealed tenderness to palpation to AC joint, trapezius and supraspinatus muscles. Patient's diagnosis include Left shoulder joint pain 2005, status post surgical, myofascial pain, cervical radiculitis, cervical sprain/strain. Patient has completed 6 sessions of physical therapy with minor benefits and uses medication and TENS to help control her pain. Per 12/16/14 progress report, patient's medications include Diclofenac ER, Cyclobenzaprine, Omaprazole and TENS Unit Patches. Patient was prescribed Omeprazole per treater reports dated 05/06/14 and 01/24/15. Patient is working full duty.MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2- receptor antagonists or a PPI."Treater states in 06/06/14 progress report, "... Omeprazole is very helpful for preventing her stomach upset caused by NSAID..." Patient has been prescribed Omeprazole from 05/06/14 to 01/24/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. Given the patient's stomach issues, the request IS medically necessary.

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANT(for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain in her left shoulder and neck, rated 6/10. The request is for 1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5 MG # 60. Patient is status post

shoulder surgery 2005, exact date unspecified. Patient's diagnosis include , myofascial pain, cervical radiculitis, and cervical sprain/strain. Patient has completed 6 sessions of physical therapy with minor benefits, uses medication and TENS to help control her pain. Patient is working full duty.MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, and Fexmid, generic available): Recommended for a short course of therapy."In progress report dated 12/16/14, treater states that the patient tries to only use medications when she absolutely needs them. Patient has been prescribed Cyclobenzaprine per progress reports dated 05/06/14 and 01/24/15. MTUS only recommends short-term use of muscle relaxants such as Cyclobenzaprine. Therefore, this request IS NOT medically necessary.

6 Physical Therapy: Upheld

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

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

Decision rationale: The patient presents with pain in her left shoulder and neck, rated 6/10. The request is for 6 PHYSICAL THERAPY. Patient is status post shoulder surgery 2005, exact date unspecified. Physical examination to the left shoulder on 12/16/14 revealed tenderness to palpation to AC joint, trapezius and supraspinatus muscles. Patient's diagnosis include Left shoulder joint pain 2005, status post surgical, myofascial pain, cervical radiculitis, cervical sprain/strain. Patient has completed 6 sessions of physical therapy with minor benefits and uses medication and TENS to help control her pain. Patient was prescribed Cyclobenzaprine and Omeprazole from 05/06/14 and 01/24/15. Patient is working full duty. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Patient is not within post operative time period, as shoulder surgery was in 2005. Treater has not provided reason for the request. The reports indicate that the patient recently completed 6 sessions of physical therapy with minimal benefits. The treater does not explain why therapy should be continued, and why the patient is unable to do the necessary home exercises. MTUS recommends 8-10 visits over 8 weeks for neuralgia, neuritis, and radiculitis. The requested 6 more sessions exceeds what is allowed per MTUS. Therefore, the request IS NOT medically necessary.