

Case Number:	CM15-0105831		
Date Assigned:	06/12/2015	Date of Injury:	09/27/2012
Decision Date:	09/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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 injured worker is a 53 year old who sustained an industrial injury on 09/27/2012. Mechanism of injury was a slip and fall. Diagnoses include shoulder derangement, lateral epicondylitis, medial epicondylitis and ulnar nerve lesion. Treatment to date has included diagnostic studies, medication, physical therapy ergonomic workstation and the use of a halo brace. Current medications include Carisoprodol, Naproxen sodium and Omeprazole. A physician progress note dated 04/16/2015 documents the injured worker has no improvement since the last examination. A shoulder injection helped minimally. On examination, the shoulder is tender to pressure over the joint, and left impingement sign is positive. There is tenderness to pressure over the medial and lateral elbow and range of motion is normal. Cozen's and Tinel's are positive bilaterally. The treatment plan includes Electromyography of the bilateral upper extremities, Nerve Conduction Velocity of the upper extremities. Treatment requested is for Carisoprodol 350 mg #60, MRI - cervical spine, MRI - left shoulder, Naproxen sodium 550 mg #60 - 2 refills, Omeprazole DR 20 mg #30 - 2 refills, and Physical therapy - neck and shoulder, 3 times weekly for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - neck and shoulder, 3 times weekly for 4 weeks: 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 cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for Physical Therapy - Neck And Shoulder, 3 Times Weekly For 4 Weeks. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveals tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the left. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return to regular work. MTUS Chronic Pain Management Guidelines, pages 98, 99 has 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." Treater does not discuss the request. Review of provided medical records show no evidence of prior Physical Therapy sessions. Given the patient's condition, a short course of Physical Therapy would be indicated. However, the request for 12 sessions of Physical Therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

MRI - left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging.

Decision rationale: The patient presents with pain in her cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for MRI - Left Shoulder. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the LEFT. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return back to regular work. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater does not discuss the request. In this case, patient continues with pain in the LEFT shoulder. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive

on the LEFT. Given the patients symptoms, ODG guidelines allows the use of MRI imaging to perform a global examination. Review of provided medical records do not indicate a prior MRI of the LEFT shoulder. The request appears reasonable and within guidelines indication. Therefore, the request is medically necessary.

MRI - cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

Decision rationale: The patient presents with pain in her cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for MRI - Cervical Spine. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the left. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return back to regular work. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal;" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI - Cervical Spine. However, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.

Carisoprodol 350 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in her cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for Carisoprodol 350 Mg #60. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the left. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return back to regular work. 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, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodol 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Carisoprodol since at least 03/19/15. The request for additional Carisoprodol #90 does not indicate intended short-term use of this medication. Furthermore, per progress report dated 05/18/15, treater notes, "Changed/Discontinued Medication(s): Discontinued: Carisoprodol 350 Mg Tablet." The request does not meet guidelines indication for Carisoprodol. Therefore, the request is not medically necessary.

Naproxen sodium 550 mg #60 - 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Page(s): 22.

Decision rationale: The patient presents with pain in her cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for Naproxen Sodium 550 Mg #60 - 2 Refills. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the left. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return back to regular work. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this

medication. Patient has been prescribed Naproxen since at least 03/19/15. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request is not medically necessary.

Omeprazole DR 20 mg #30 - 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

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 cervical spine and left shoulder, elbow and hand. She is also having LLE pain. The request is for Omeprazole Dr 20 Mg #30 - 2 Refills. The request for authorization is dated 04/16/15. Physical examination of the shoulders reveal tenderness to pressure over the joint. Range of motion is restricted bilaterally. Impingement sign is positive on the left. Exam of the elbows reveal tenderness to pressure over the medial and lateral elbow. Positive Cozen's and Tinel's bilaterally. Patient to continue taking medications as before. Patient's medications include Naproxen Sodium, Omeprazole and Orphenadrine. Per progress report dated 05/18/15, the patient should return back to regular work. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section 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 does not specifically discuss this medication. Patient has been prescribed Omeprazole since at least 03/19/15. In this case, the patient is prescribed Naproxen Sodium, an NSAID; however, Naproxen Sodium has not been authorized. Additionally, treater does not document GI assessment to warrant a prophylactic use of a PPI. Treater does not discuss what gastric complaints there are, and why she needs to take it. The request does not meet MTUS guidelines indication for Omeprazole. Therefore, the request is not medically necessary.