

<b>Case Number:</b>	CM15-0108379		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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 55-year-old male, who sustained an industrial injury on January 24, 2011. He reported bilateral shoulder pain, bilateral wrist pain, bilateral knee pain and low back pain. The injured worker was diagnosed as having cervical spine strain, bilateral shoulder sprain and right shoulder impingement, bilateral wrist sprain/strain and left de Quervain's, right metacarpophalangeal pain, lumbar spine sprain/strain, bilateral knee pain and internal derangement status post surgical interventions, anxiety and depression. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the knees and shoulders, physical therapy, medications, radiofrequency ablation of the lumbar spine and work restrictions. Currently, the injured worker complains of bilateral shoulder pain, bilateral wrist pain, bilateral knee pain and low back pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. He underwent radiofrequency ablation of the lumbar spine under fluoroscopy guidance on October 27, 2014 without noted complication. On October 2, 2014, he proceeded with surgical intervention of the left shoulder. Evaluation on December 5, 2014, revealed increased depression and anxiety secondary to pain. Evaluation on December 15, 2014, noted the left shoulder pain was decreasing. Medications, physical therapy for the left shoulder and medical transportation were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transportation to and from medical visit treatments: 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), Knee & Leg-Online Version, Transportation to and from appointments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter under Transportation (to & from appointments) and Other Medical Treatment Guidelines [www.aetna.com](http://www.aetna.com): transportation.

**Decision rationale:** Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to the cervical and lumbar spines. The patient is status post right knee arthroscopy 12/16/13, left knee arthroscopic meniscectomy and debridement 07/15/14, right shoulder surgery 10/03/13, and left shoulder arthroscopy 12/02/14, per 12/22/14 report. The request is for TRANSPORTATION TO AND FROM MEDICAL VISIT TREATMENTS. Patient's diagnosis per Request for Authorization form dated 05/01/15 includes sprain of ligaments of the cervical spine. Physical examination to the cervical spine on 04/13/15 revealed pain, which increases with range of motion. Examination of the lumbar spine revealed spasms and pain noted on palpation. Range of motion limited by pain. Decreased sensation across L5 bilaterally. Treatment to date has included multiple surgical interventions of the knees and shoulders, radiofrequency ablation of the lumbar spine, radiographic imaging, diagnostic studies, physical therapy, and medications. Patient's medications include Norco, Norflex, Naprosyn and Omeprazole. The patient is temporarily totally disabled, per 05/13/15 report. ODG-TWC guidelines, Knee chapter under Transportation (to & from appointments) states: "Recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport (CMS, 2009)." [www.aetna.com](http://www.aetna.com): transportation. AETNA has the following guidelines on transportation: "The cost of transportation primarily for and essential to, medical care is an eligible medical expense. The request must be submitted for reimbursement and the request should document that patient cannot travel alone and requires assistance of a nurse or companion." Per RFA dated 05/01/15, treater states, "due the patient's work related injury to the cervical spine, patient has limited range of lateral motion. This inhibits the patient's ability to properly view the roadway over each shoulder as recommended for safe driving. The patient should be provided transportation to and from all office visits until mobility has improved to a level that allows for safe driving once again." In this case, there is no mention that the patient has disabilities preventing her from self-transport, besides inability to view the road to drive safely. Treater does not document the patient's social situation. It is not clear why a friend or a family member cannot drive the patient to the medical appointments. Additionally, the medical reports do not indicate nursing home level care. Therefore, the request IS NOT medically necessary.

**Physical therapy 3 x 4 weeks to the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26-27.

**Decision rationale:** Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to the cervical and lumbar spines. The patient is status post right knee arthroscopy 12/16/13, left knee arthroscopic meniscectomy and debridement 07/15/14, right shoulder surgery 10/03/13, and left shoulder arthroscopy 12/02/14, per 12/22/14 report. The request is for PHYSICAL THERAPY 3 X 4 WEEKS TO THE LEFT SHOULDER. RFA dated 05/04/15 provided. Patient's diagnosis per Request for Authorization form dated 05/01/15 includes sprain of ligaments of the cervical spine. Physical examination to the cervical spine on 04/13/15 revealed pain, which increases with range of motion. Examination of the lumbar spine revealed spasms and pain noted on palpation. Range of motion limited by pain. Decreased sensation across L5 bilaterally. Treatment to date has included multiple surgical interventions of the knees and shoulders, radiofrequency ablation of the lumbar spine, radiographic imaging, diagnostic studies, physical therapy, and medications. Patient's medications include Norco, Norflex, Naprosyn and Omeprazole. The patient is temporarily totally disabled, per 05/13/15 report. MTUS post-surgical guidelines, pages 26-27, recommend 24 visits over a period of 14 weeks. The post-operative time frame is 6 months. Patient's left shoulder surgery was on 12/02/14. This patient is still within postoperative treatment period. Per 12/22/14 report, treater states the patient has "completed 12 sessions of rehabilitation therapies..." The current request is for additional 12 sessions. The request would appear to be indicated given patient's postoperative status. However, UR letter dated 05/11/15 states "the patient has completed 24 visits of physical therapy for the left shoulder." In this case, additional physical therapy would exceed MTUS recommendation. Furthermore, there are no discussions of new injury or diagnosis to substantiate the request. Therefore, the request IS NOT medically necessary.

**Norflex 100mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants for pain Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Muscle relaxants (for pain) ANTISPASMODICS.

**Decision rationale:** Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to the cervical and lumbar spines. The patient is status post right knee arthroscopy 12/16/13, left knee arthroscopic meniscectomy and debridement 07/15/14, right shoulder surgery 10/03/13, and left shoulder arthroscopy 12/02/14, per 12/22/14 report. The request is for NORFLEX 100MG #30 WITH 1 REFILL. Patient's diagnosis per Request for Authorization form dated 05/01/15 includes sprain of ligaments of the cervical spine. Physical examination to the cervical spine on 04/13/15 revealed pain, which increases with range of motion. Examination of the lumbar spine revealed spasms and pain noted on palpation. Range

of motion limited by pain. Decreased sensation across L5 bilaterally. Treatment to date has included multiple surgical interventions of the knees and shoulders, radiofrequency ablation of the lumbar spine, radiographic imaging, diagnostic studies, physical therapy, and medications. Patient's medications include Norco, Norflex, Naprosyn and Omeprazole. The patient is temporarily totally disabled, per 05/13/15 report. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) Chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Norflex has been included in patient's medications, per progress reports dated 12/05/14, 02/12/15, 04/13/15, and 05/13/15. It is not known when Norflex has been initiated. Norflex is a sedating muscle relaxant and only short-term use is recommended by MTUS. Guidelines state these muscle relaxants are "abused for euphoria and to have mood elevating effects. Treater has not documented this medication to address a flare-up, exacerbation or functional decline. Furthermore, the request for quantity 30 with 1 refill does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Prilosec 20mg #60 with 1 refill:** Upheld

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

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

**Decision rationale:** Based on the 04/13/15 progress report provided by treating physician, the patient presents with pain to the cervical and lumbar spines. The patient is status post right knee arthroscopy 12/16/13, left knee arthroscopic meniscectomy and debridement 07/15/14, right shoulder surgery 10/03/13, and left shoulder arthroscopy 12/02/14, per 12/22/14 report. The request is for PRILOSEC 20MG #60 WITH 1 REFILL. Patient's diagnosis per Request for Authorization form dated 05/01/15 includes sprain of ligaments of the cervical spine. Physical examination to the cervical spine on 04/13/15 revealed pain, which increases with range of motion. Examination of the lumbar spine revealed spasms and pain noted on palpation. Range of motion limited by pain. Decreased sensation across L5 bilaterally. Treatment to date has included multiple surgical interventions of the knees and shoulders, radiofrequency ablation of the lumbar spine, radiographic imaging, diagnostic studies, physical therapy, and medications. Patient's medications include Norco, Norflex, Naprosyn and Omeprazole. The patient is

temporarily totally disabled, per 05/13/15 report. MTUS pg 69, 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." Prilosec (Omeprazole) has been included in patient's medications, per progress reports dated 12/05/14, 04/13/15, and 05/13/15. It is not known when Prilosec was initiated. Naprosyn has been included in progress reports 04/13/15 and 05/13/15. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Per 12/22/14 report, treater states the patient "denies gastritis." Furthermore, the patient has been on this medication for at least 5 months from UR date of 05/11/15, and treater does not discuss how the patient is doing and why he needs to continue. Given lack of documentation, this request IS NOT medically necessary.