MAXIMUS Federal Services

Case Number:	CM15-0137332		
Date Assigned:	07/24/2015	Date of Injury:	05/18/2011
Decision Date:	08/21/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive 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:

This 56-year-old female sustained an industrial injury on 5/18/11. She subsequently reported back, shoulder and hand pain. Diagnoses include repetitive strain injury to the bilateral upper extremities, carpal tunnel syndrome, myofascial pain syndrome and rotator cuff syndrome. Treatments to date include physical therapy and prescription pain medications. The injured worker continues to experience bilateral shoulder pain, which radiates and causes numbness in the hands. Upon examination, range of noted in is reduced in the left shoulder. There is positive Tinel's in the bilateral wrists. There is positive left shoulder impingement noted. A request for Fexmid and Omeprazole medications and physical therapy; eight sessions (2x4) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 with diagnoses of repetitive strain injury to the upper extremities, carpal tunnel syndrome, myofascial pain syndrome and rotator cuff syndrome. Treatments to date included physical therapy and prescription pain medications. The objective functional outcomes of the treatment regimen are not noted. The MTUS recommends Fexmid, also known as cyclobenzaprine, for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

Omeprazole 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 with diagnoses of repetitive strain injury to the upper extremities, carpal tunnel syndrome, myofascial pain syndrome and rotator cuff syndrome. Treatments to date included physical therapy and prescription pain medications. The objective functional outcomes of the treatment regimen are not noted. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately not medically necessary based on MTUS guideline review.

Physical therapy; eight (8) sessions (2x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This claimant was injured in 2011 with diagnoses of repetitive strain injury to the upper extremities, carpal tunnel syndrome, myofascial pain syndrome and rotator cuff syndrome. Treatments to date included physical therapy and prescription pain medications. The objective functional outcomes of the treatment regimen are not noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits

over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. In addition, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.