

Case Number:	CM15-0161649		
Date Assigned:	08/27/2015	Date of Injury:	04/11/2014
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 47 year old female, who sustained an industrial injury on April 11, 2014. She reported neck pain, mid back pain, low back pain, knee pain, left shoulder pain, left arm pain, left hand pain and headaches. The injured worker was diagnosed as having shoulder impingement syndrome and rotator cuff tear of the shoulder. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, mid back pain, knee pain, low back pain, left shoulder pain, left arm pain, left hand pain and headaches. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on May 4, 2015, revealed continued pain as noted. Her neck pain was rated at 6-8, headaches at 8-9 daily, knee pain at 6, thoracic pain at 7 and low back at 7 on a 1-10 scale with 10 being the worst. Medications were continued. Evaluation on May 13, 2015, revealed continued pain as noted. Evaluation on July 6, 2015, revealed continued pain as noted. She reported the left shoulder pain was increasing and it was noted she decided to proceed with surgical intervention of the left shoulder. It was noted she was attending physical therapy for the low back and neck and it was helping. She rated her neck pain at 6-8 on a 1-10 scale with 10 being the worst and her headaches at 8-9 on a 1-10 scale with 10 being the worst almost daily. She rated her thoracic and low back pain at 7 on a 1-10 scale with 10 being the worst. Medications including Naproxen, Omeprazole and Norco were continued. She was scheduled for shoulder surgery on July 15, 2015. Additional post-op physical therapy x18

sessions, Naproxen 500mg 1 po bid #60 with 4 refills, Norco 5-325mg 1 po q four to six hours prn #60 with 4 refills and Omeprazole 20mg 1 po bid #60 with 4 refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional post-op physical therapy x18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back, Shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy (PT).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." The guidelines note that passive therapy can provide short term relief during the early phases of pain management, and active therapy can be beneficial for restoring flexibility, strength, endurance, function, and range of motion (ROM), and can alleviate discomfort. According to the ODG, physical therapy (PT) is recommended for mechanical disorders of the neck, with therapeutic exercises demonstrating clinically significant benefits in terms of pain, functional restoration, and patient global assessment scales. According to the California (CA) MTUS, Guidelines support post-operative physical therapy when there is evidence of previous benefit from physical therapy or for a trial of a conservative treatment option. In this case, the documentation suggested benefit from previous physical therapy however there was no evidence to support the surgical intervention had been completed. Documentation noted surgical intervention was scheduled for July 15, 2015, however as noted there were no reports to indicate the intervention's completion. The request for additional post-op physical therapy x18 sessions is not medically necessary.

Norco 5-325mg 1 po q four to six hours prn #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe

pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 500mg 1 po bid #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

Omeprazole 20mg 1 po bid #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-

dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.