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| <b>Case Number:</b>   | CM15-0180657 |                              |            |
| <b>Date Assigned:</b> | 09/18/2015   | <b>Date of Injury:</b>       | 05/13/2014 |
| <b>Decision Date:</b> | 10/23/2015   | <b>UR Denial Date:</b>       | 08/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/14/2015 |

### 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:

The injured worker is a 34 year old male, who sustained an industrial injury on 5-13-2014. Medical records indicate the worker is undergoing treatment for surgical repair for a left forearm fracture with delayed healing. A recent progress report dated 6-10-2015, reported the injured worker complained of left arm pain. Physical examination revealed left arm atrophy of 1 centimeter and normal range of motion. X ray from 12-24-2014 reported intact ulnar hardware. There were no gastrointestinal complaints documented on this visit. Treatment to date has included surgery, physical therapy and medication management. On 6-22-2015, the Request for Authorization requested Physical therapy 3 times a week for 4 weeks for left elbow, Motrin 600mg #30 and Prilosec 20mg #30. On 7-6-2015, the Utilization Review noncertified the request for Physical therapy 3 times a week for 4 weeks for left elbow, Motrin 600mg #30 and Prilosec 20mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 times a week for 4 weeks for left elbow qty: 12.00: 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): Physical Medicine.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. Key case observations are as follows: The claimant was injured in 2014 post surgical repair for a left forearm fracture with delayed healing. As of June, there is continued left arm pain. There were no gastrointestinal complaints documented in a December 201 visit. Treatment to date has included surgery, physical therapy and medication management. Functional objective improvements out of treatment in the past is 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. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, 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 non-certified and therefore is not medically necessary.

**Motrin 600mg #30:** 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:** Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20- 9792.26. Page 60 and 67 of 127. As shared previously, key case observations are as follows. The claimant was injured in 2014 post surgical repair for a left forearm fracture with delayed healing. As of June, there is continued left arm pain. There were no gastrointestinal complaints documented in a December 201 visit. Treatment to date has included surgery, physical therapy and medication management. Functional objective improvements out of treatment in the past is not noted. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this

class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately non-certified and therefore is not medically necessary.

**Prilosec 20mg #30:** 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:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page 68 of 127. As shared, key case observations are as follows. The claimant was injured in 2014 post surgical repair for a left forearm fracture with delayed healing. As of June, there is continued left arm pain. There were no gastrointestinal complaints documented in a December 201 visit. Treatment to date has included surgery, physical therapy and medication management. Functional objective improvements out of treatment in the past is 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 non-certified based on MTUS guideline review and therefore is not medically necessary.