

Case Number:	CM15-0187097		
Date Assigned:	09/29/2015	Date of Injury:	04/08/2011
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 56 year old male, who sustained an industrial injury on 4-08-2011. The injured worker was diagnosed as having shoulder strain, left lateral epicondylitis, and wrist joint inflammation with positive ulnar variance of the wrist. Treatment to date has included diagnostics, left elbow surgery on 6-25-2015 (arthroscopy, synovectomy, and removal of loose body followed by arthrotomy posteriorly, fenestration of the distal humerus, and excision of tip of the distal olecranon), physical therapy for the left elbow (recent 12 sessions approved 7-10-2015 with 12 sessions completed up to and including 8-26-2015), and medications. Currently (8-17-2015), the injured worker reports starting physical therapy for the left elbow and doing home exercising, noting that he still had "some swelling and pain". Gastrointestinal complaints were not documented. Exam noted that he had full extension and flexion of the elbow and incisions were well healed. No signs of erythema, swelling, or infection were noted. No additional objective findings were documented. He was prescribed Aciphex and Flexeril since at least 5-28-2015. Per the physical therapy progress note dated 8-07-2015, he reported difficulty with reaching activities, pushing-pulling activities, lifting-carrying objects, and performing overhead activities. Physical therapy progress report (8-24-2015) noted unchanged complaints and "compliance with prescribed HEP". Physical therapy progress report (8-26-2015 visit #12) noted reports of overall improvement and he was now able to perform light activities of daily living and other functional activities with less pain-discomfort than previous. Assessment noted "improve" range of motion and strength and compliance with home exercise program. Per the Request for Authorization dated 8-17-2015, the treatment plan included additional physical

therapy to the left elbow x12, Norco, Flexeril 7.5mg #60, Aciphex 20mg #30, Naproxen, Ultracet, and Gabapentin. On 8-26-2015 Utilization Review non-certified the requested physical therapy, Flexeril, and Aciphex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left elbow, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

Decision rationale: The patient was injured on 04/08/11 and presents with left shoulder and left elbow pain. The request is for Physical therapy to the left elbow, 12 sessions to improve range of motion, function, and strength. The RFA is dated 08/17/15 and the patient is not currently working. On 06/25/15, the patient underwent a left elbow surgery (arthroscopy, synovectomy, and removal of loose body followed by arthrotomy posteriorly, fenestration of the distal humerus, and excision of tip of the distal olecranon). MTUS Guidelines, Post-Surgical Elbow and Upper Arm Section, page 15-17 for elbow diagnostic arthroscopy and arthroscopic debridement indicates 20 visits over 2 months for the post-surgical treatment. The post-surgical time frame is 4 months. The patient has full extension/flexion and no signs of erythema, swelling, or infection. He is diagnosed with shoulder strain, left lateral epicondylitis, and wrist joint inflammation with positive ulnar variance of the wrist. The patient already had 12 sessions of therapy approved on 07/10/15 and has completed 12 sessions as of 08/26/15. There is no indication of how these prior sessions impacted the patient's pain and function. There is no discussion regarding why the patient is unable to establish a home exercise program to manage his pain. An additional 12 sessions to the 12 sessions the patient has already been approved with exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.

Flexeril 7.5mg, #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient was injured on 04/08/11 and presents with left shoulder and left elbow pain. The request is for Flexeril 7.5 mg, #60 for muscle spasm. The RFA is dated 08/17/15 and the patient is not currently working. The patient has been taking this medication as early as 05/28/15. MTUS Guidelines, Muscle Relaxants section, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine,

metaxalone, and methocarbamol, but despite the 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." The patient has full extension/flexion and no signs of erythema, swelling, or infection. He is diagnosed with shoulder strain, left lateral epicondylitis, and wrist joint inflammation with positive ulnar variance of the wrist. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking Flexeril as early as 05/28/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril is not medically necessary.

AcipHex 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: The patient was injured on 04/08/11 and presents with left shoulder and left elbow pain. The request is for Aciphex 20 mg, #30 for gastritis. The RFA is dated 08/17/15 and the patient is not currently working. The patient has been taking this medication as early as 05/28/15. MTUS guidelines, NSAIDs GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient has full extension/flexion and no signs of erythema, swelling, or infection. He is diagnosed with shoulder strain, left lateral epicondylitis, and wrist joint inflammation with positive ulnar variance of the wrist. As of 08/17/15, the patient is taking Norco, Flexeril, Naproxen, Ultracet, and Gabapentin. In this case, the patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested AcipHex is not medically necessary.