

Case Number:	CM15-0201916		
Date Assigned:	10/16/2015	Date of Injury:	01/07/2002
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 47 year old female who sustained an industrial injury on 1-7-2002. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement. According to the progress report dated 9-10-2015, the injured worker complained of ongoing bilateral shoulder pain-trapezius pain, fatigue and numbness and tingling in the right greater than left hand. Objective findings (9-10-2015) revealed active range of motion in abduction 180 degrees and forward flexion 180 degrees. Neck range of motion triggered pain. There was pain with O'Brien's sign-empty can sign in the right shoulder. Treatment has included physical therapy and medications (Flexeril since at least 1-14-2015). The physician noted (9-10-2015) that the injured worker had been taking plain Ibuprofen, which had given her gastrointestinal upset. She had Duexis samples in the past, which were noted to have been more effective with less gastrointestinal irritation. The request for authorization was dated 9-16-2015. The original Utilization Review (UR) (9-22-2015) denied requests for physical therapy for the bilateral shoulders, Flexeril and Duexis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Bilateral Shoulders QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Therapy for the Bilateral Shoulders QTY: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's Physical Therapy for the Bilateral Shoulders QTY: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior PT, however the amount of therapy and efficacy are not clear. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits which would further exceed MTUS Guideline recommendations for number of therapy visits for this condition therefore this request is not medically necessary.

Flexeril 10mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Flexeril 10mg QTY: 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week recommended MTUS time frame. The request for Flexeril is not medically necessary.

Duexis QTY: 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Duexis (Ibuprofen & Famotidine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Duexis (ibuprofen & famotidine).

Decision rationale: Duexis QTY: 90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Duexis is not recommended

as a first-line drug. Duexis is a combination of ibuprofen 800 mg and famotidine 26.6 mg. The MTUS states that a patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. It is unclear why the patient requires this combination over a standard proton pump inhibitor. The documentation does not support the medical necessity of Duexis therefore this request is not medically necessary.