MAXIMUS Federal Services

Case Number:	CM15-0042313		
Date Assigned:	03/12/2015	Date of Injury:	01/30/2012
Decision Date:	05/08/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
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 59 year old male, who sustained an industrial injury on 1/30/12. He reported neck and left shoulder injury. The injured worker was diagnosed as having cervical sprain/strain, left shoulder rotator cuff tear, status post arthroscopic repair and (MRI) magnetic resonance imaging evidence of labral tear in left shoulder with signs of impingement, right shoulder sprain/strain and sleep, psych and stomach issues. Treatment to date has included oral medications including opioids, physical therapy, home exercise program and arthroscopic repair of left shoulder rotator cuff tear. Currently, the injured worker complains of neck and bilateral shoulder pain improved with rest and medications. Physical exam noted tenderness in the mid and left trapezius muscle with limited range of motion and decreased sensation in left C6 and 7 nerve root, tenderness is also noted in midline and paraspinals of lumbar region with decreased range of motion due to pain. The treatment plan included prescription for Norco, Prilosec and Soma and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20 mg Qty 60, take 2 tablets daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal antiflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for Prilosec (Omeprazole) 20mg QTY 60, take 2 tablets daily. The treating physician states, "The patient takes Norco that helps his pain from an 8 to a 4 as well as Omeprazole for his gastrointestinal issues secondary to NSAID use. He cannot take NSAIDs due to gastrointestinal issues." (39B) The MTUS guidelines supports the use of Omeprazole for patients at risk for gastrointestinal events. In this case, the psychologic QME of 1/30/2015 mentions a history of diverticulitis, which can causes GI bleeding or perforation. The current request is medically necessary and the recommendation is for authorization.

Flexeril 10 mg Qty 60, take every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for Flexeril 10mg QTY 60, take every 12 hours. The treating physician states, "He also uses Flexeril on an as needed basis to help with muscle spasm. It helps reduce the muscle spasms in the paraspinal muscle." (39B) The MTUS guidelines state, "Recommended as an option, using a short course of therapy. Treatment should be brief." In this case, the treating physician has documented that the patient has been taking this medication since at least May 2014 (67B) which would exceed the recommend guideline for a short course of therapy. The current request is not medically necessary and the recommendation is for denial.

Physical Therapy, Left shoulder & Cervical spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the cervical spine and left shoulder. The current request is for Physical Therapy, left shoulder & cervical spine, 12 visits. The treating physician states, "The patient does continue to have persistent pain and functional loss of the cervical spine and left shoulder. The patient is in need of therapy." (40B) The patient had left shoulder rotator cuff repair in January 2014 and received post-operational physical therapy and the treating physician documents that the patient has received "extensive physical therapy" but

did not state how many visits the patient has completed. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS allows 24 visits over 14 weeks for rotator cuff repair or 8-10 visits for Neuralgia, neuritis, and radiculitis, unspecified. In this case, the treating physician has not documented if the additional physical therapy request would be for post-operative strengthening. The amount requested would exceed the recommended guideline for patients with neuralgia, neuritis, and radiculitis. The current request is not medically necessary and the recommendation is for denial.