

<b>Case Number:</b>	CM15-0054662		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 58-year-old male who reported an injury on 11/27/2013. The diagnoses included status post right shoulder arthroscopic subacromial decompression, right biceps longhead rupture, and neurologic findings, postoperative, right upper extremity. The mechanism of injury was not provided. Documentation indicated the injured worker's medications on 12/30/2014 included cyclobenzaprine 7.5 mg, pantoprazole 20 mg, tramadol ER 150 mg, and naproxen sodium. The injured worker underwent a urine drug screen on that date of service. The injured worker was noted to be status post right shoulder arthroscopic subacromial decompression on 12/24/2014. There was a Request for Authorization submitted for review dated 03/13/2015. The documentation of 02/10/2015 revealed the injured worker had pain. The documentation indicated the injured worker had improved activity and function. The pain level was markedly decreased with medication. The injured worker reported that activities of daily living were maintained with medication including grocery shopping, essential household duties, and caring for himself. The injured worker indicated without medication, activities of daily living are difficult. The injured worker's current pain was a 6/10. The documentation indicated with tramadol ER, the injured worker's pain decreased by 5 points. With the NSAIDs, it decreased by 3 points. The injured worker had GI upset with NSAIDs with no PPI and at 3 times a day dosing, the injured worker had no GI upset. The injured worker had no history of cardiac, ulcer, hematochezia, or hemoptysis. The injured worker had spasms that were refractory to physical therapy, activity modification, stretching, TENS, home exercise, cold, and heat. The 3 times a day dosing of cyclobenzaprine 7.5 mg resulted in significant diminution in spasms. The

injured worker had an increased tolerance to exercise and recommended activity of daily living with the medications. The injured worker denied side effects with the medications. The injured worker has 4+/5 strength in all planes. The treatment plan included a refill of the medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker had a prior urine drug screen that was within normal limits. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction, or poor pain control. Given the above, the request for urine toxicology screen is not medically necessary.

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement and the spasms were refractory to multiple other modalities. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

**Naproxen 550 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #90 is not medically necessary.

**Pantoprazole 20 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. There was documented efficacy for the requested medication. However, the request as submitted failed to include the frequency. Given the above, the request for pantoprazole 20 mg #90 is not medically necessary.

**Tramadol ER 150 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #60 is not medically necessary.

**Physical therapy; 12 sessions 3x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 sessions. The clinical documentation submitted for review indicated the injured worker had postoperative therapy. There was a lack of documentation indicating the quantity of sessions, as well as the objective functional benefit that was received. There was a lack of documentation of remaining objective functional deficits. The request for 12 sessions would be excessive. Additionally, the request as submitted failed to indicate the body part to be related. Given the above, the request for physical therapy; 12 sessions 3x4 is not medically necessary.