

Case Number:	CM15-0089382		
Date Assigned:	07/28/2015	Date of Injury:	10/19/2012
Decision Date:	09/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency 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 23 year old female, who sustained an industrial injury on 10/29/2012. She has reported subsequent left shoulder, left arm and neck pain and was diagnosed with left shoulder, left arm and cervical sprain/strain. Treatment to date has included medication, Cortisone injection and physical therapy. In a progress note dated 03/24/2015, the injured worker complained of left shoulder pain that was rated as 4-6/10. Objective findings were notable for tenderness of the upper to mid cervical, mid to lower cervical spine and shoulder, moderate muscle spasms of the left anterior shoulder, trapezius, chest, posterior shoulder, triceps and mid thoracic regions, left shoulder flexion of 90 degrees, extension of 0 degrees right elevated up to 60 degrees and down to 65 degrees. The physician noted that he could feel the left shoulder pop in and out anteriorly. The injured worker was noted to be off work since 2013. A request for authorization of one prolonged examination, Protonix 20 mg #60 and Flexeril 20 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prolonged examination: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute and Chronic) Chapter, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

Decision rationale: The request for a "prolonged examination" is generally a billing issue and not a clinical or medical question. This independent medical review will only assess the clinical/medical need for this request. As per MTUS ACOEM guidelines, "A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder." "In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear." The provider has failed to document any specific need for a complete and prolonged exam. Patient's pain and complaints are not exceptionally complicated and patient already has an extensive workup and imaging already done by prior providers. There is no medical need for a prolonged exam. The request is not medically necessary.

Protonix 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is not noted to be on any NSAIDs. Protonix is also considered a 2nd line PPI; it is unclear why the provider is not prescribing a 1st line medication. Protonix is not medically necessary.

Flexeril 20 mg #30: Upheld

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

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been

on this medication for at least 1 month. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.