

Case Number:	CM14-0112774		
Date Assigned:	09/22/2014	Date of Injury:	07/18/2007
Decision Date:	01/07/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/20/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy QTY 12: Upheld

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

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

Decision rationale: The employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given. According to MTUS, Chronic Pain Medical Treatment guidelines, for neuralgia, neuritis and radiculitis up to 10 visits over 4 weeks are recommended. The employee had physical therapy in 2013 and there is no documentation as to which body part it was for or if there was any improvement. The current request is for physical therapy to right upper extremity for improving shoulder strength and increasing range of motion. But the request is for 12 visits which are more than the 10 recommended. So, the request is not medically necessary or appropriate.

Norco 10/325mg QTY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to continue opioids Page(s): 80.

Decision rationale: The employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension

to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given. MTUS Chronic Pain Guidelines recommend continuing opioids if the patient has returned to work and if the patient has improved functioning and pain. The employee was being treated for neck pain, knee pain and shoulder pain. She was noted to have improvement in pain and was working. Even though functional improvement has not been clearly documented, the employee already meets two criteria for continuing opioids. So the request for Norco is medically necessary and appropriate

Flexeril 7.5mg QTY 60: Upheld

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

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

Decision rationale: The employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given. According to MTUS, Chronic Pain Guidelines, Cyclobenzaprine is recommended as a short course therapy for pain. She had been on Flexeril since at least December 2013 which exceeds the time frame recommended by the guidelines. The request for Flexeril 7.5mg #60 is not medically necessary or appropriate.

Naproxen 550mg QTY: Overturned

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): 67-69.

Decision rationale: The employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given. According to Chronic Pain Medical Treatment Guidelines, NSAIDS are recommended as an option in chronic low back pain for short-term symptomatic relief. Guidelines don't endorse long term use. The employee's records demonstrate complaints of chronic pain and that naproxen was effective at improving the patient's pain since December 2013. The employee was also working and had noticeable improvement of activities indicating a functional improvement. There were no side effects noted except GI upset for which she was initially on Prilosec and now she is on Protonix. The request for naproxen 550 mg #60 is medically necessary and appropriate.

Protonix 20mg QTY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI risk and hypertension Page(s): 68.

Decision rationale: The employee was a 56 year old female who sustained a work place injury on 07/18/07. The progress note from 07/11/14 was reviewed. Subjective complaints included spasms in neck and were on Flexeril to manage her symptoms. She denied having numbness and tingling. Left knee pain increased when standing longer than 30 minutes and walking longer than 30 minutes. Vicodin decreases pain to 2/10 from 7/10. She admits to feeling depressed due to chronic pain that affects her functionality. She admits to pain in the neck, right shoulder and the

left knee. Pertinent objective findings included limited neck flexion to 25 degrees and extension to 20 degrees and limited range of motion of right wrist due to pain and stiffness. Diagnoses included left patellofemoral pain, right carpal tunnel syndrome, ulnar impaction syndrome on the right, right thumb CMC joint inflammation, left thumb mild stenosing tenosynovitis, frozen shoulder syndrome developing on the right shoulder and cervical neck pain. She was working full time. She was using Flexeril for spasms. She was benefiting from using Protonix, which treats her stomach upset from taking medications. The plan of care also included 12 sessions of physical therapy for the right shoulder to improve strength and increase range of motion. She had symptoms of weaker gripping and grasping. She was started on PPI - Prilosec in December of 2013 for stomach upset due to medications. Her prior treatment had included physical therapy in 2013, but the number of visits is not given. The Chronic pain guidelines indicate Pantoprazole as a proton pump inhibitor and are indicated in the treatment of dyspepsia and for prophylaxis in patients with high risk for GI events. The review of the medical records revealed stomach upset due to medications. She was on Naproxen. Given the ongoing symptoms of GI upset, the employee meets the criteria for ongoing proton pump inhibitor use. The request for Pantoprazole is medically necessary and appropriate.