

<b>Case Number:</b>	CM14-0198968		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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 66-year-old female who reported injury on 12/06/2012. The mechanism of injury was a fall down 8 to 10 stairs. The diagnoses included closed fracture of rib unspecified, closed fracture of clavicle, thoracic sprain and strain, and headache. There was a Request for Authorization submitted for review dated 11/10/2014. The documentation of 11/10/2014 revealed the injured worker had complaints of mid to low back pain that was radiating down the bilateral lower extremity. The injured worker had left shoulder pain. The injured worker was taking omeprazole for GI irritation. The pain was attenuated with medications. The injured worker had decreased range of motion with abduction, flexion, internal rotation, and external rotation of the left shoulder. The injured worker had tenderness to palpation in the clavicle of the left shoulder. The injured worker had an antalgic gait. The treatment plan included a refill of cyclobenzaprine, omeprazole, Menthoderm, and a request for physical therapy sessions for 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 6 visits-left shoulder, mid-low back: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review failed to provide documentation of the quantity of sessions previously attended and response to prior therapy. The injured worker's injury was in 2012 and would most likely have attended therapy previously. There was no documentation indicating this was the original therapy request. There was a lack of documentation of objective functional deficits to support the necessity for therapy. Given the above, the request for Physical therapy times 6 visits-left shoulder, mid-low back is not medically necessary.

**Cyclobenzaprine 7.5mg qty 60:** Upheld

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

**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 does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 7.5mg qty 60 is not medically necessary.

**Omeprazole 20 mg qty 60:** Upheld

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

**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 injured workers at intermediate risk or higher for gastrointestinal events. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication for dyspepsia. However, the efficacy was not provided. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg qty 60 is not medically necessary.

**Menthoderm 4 oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of anticonvulsants and antidepressants. There was a lack of documentation of exceptional factors. The request as submitted failed to indicate the frequency and body part to be treated with the Mentoderm. Given the above, the request for Mentoderm 4 oz is not medically necessary.