

Case Number:	CM14-0212426		
Date Assigned:	01/02/2015	Date of Injury:	02/27/2008
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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 patient is a 71 year old male with an injury date of 02/27/08. The 11/26/14 progress report states that the patient presents with ongoing left shoulder pain rated 4/10 that occasionally radiates to the left arm/bicep along with neck pain and stiffness on the left side rated 3/10. Right shoulder pain rated 6/10 commenced 5 weeks previously. The patient is not working/retired. Examination of the left shoulder reveals tenderness to palpation in the left lateral deltoid, AC joint, and Supraspinatus tendon with positive impingement sign. There is pain with range of motion of the cervical spine along with tenderness with right and left lateral bending. The patient's diagnoses include cervicalgia, chronic neck pain underlying degenerative disc disease at C5-6 improved s/p 2 epidural injections, right shoulder impingement improved, left shoulder impingement, and diabetes mellitus uncontrolled. The patient was recommended to continue home exercises for the left shoulder. Medications are listed as Vicodin (breakthrough pain), Naproxen and Prilosec. The utilization review is dated 12/01/14. Reports were provided for review from 02/05/14 to 11/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 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 Treatment; Physical medicine Page(s): 98, 99.

Decision rationale: The patient presents with ongoing left shoulder pain rated 4/10 that occasionally radiates to the left arm to the bicep along with new 5 week old right shoulder pain rated 6/10 and continuing left sided neck pain rated 4/10. The current request is for Physical therapy x 12 visits. The RFA is not included. The 12/01/14 utilization review states the request is for the right shoulder and the request date is 11/20/14. The MTUS Chronic Pain Guidelines pages 98-99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The 05/28/14 report states the patient received authorization for 6 physical therapy sessions for the left shoulder and subsequent reports show that this treatment is ongoing as is home exercise for the left shoulder. The 11/26/14 report states that within the previous 5 weeks the patient began experiencing right shoulder pain rated 6/10. There is no evidence of prior physical therapy for the right shoulder. The treater does not discuss the reason for this request. It appears that an initial course of therapy is requested for the right shoulder, and the patient may benefit from the requested treatment. However, the request is for 12 visits which exceeds what is allowed per the MTUS Chronic Pain Guidelines. The request is not medically necessary.

Vicodin 5/300 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The MTUS Chronic Pain Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS Chronic Pain Guidelines page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient was prescribed this medication on 05/28/14 through 11/26/14. The treater states use is for breakthrough pain. Pain is routinely assessed through the use of pain scales. Pain is rated 6-7/10 from 02/05/14 to 04/02/14; 3-8/10 from 05/28/14 to 10/29/14 and 3-6/10 on 11/26/14. However, the reports do not state if pain is with or without medications and how the medication helps the patient. No specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. No urine toxicology reports are provided or discussed, there is no mention of CURES. Adverse side effects or adverse behavior are not discussed. No outcome measure are

provided. In this case, the 4As have not been documented as required by the MTUS Chronic Pain Guidelines. The request is not medically necessary.

Naproxen 550mg #80: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with ongoing left shoulder pain rated 4/10 that occasionally radiates to the left arm to the bicep along with new 5 week old right shoulder pain rated 6/10 and continuing left sided neck pain rated 4/10. The current request is for Naproxen 550mg #80 (an NSAID). The RFA is not included. The 12/01/14 utilization review states the request date is 11/20/14. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The requested medication is indicated as first line treatment for the pain that is documented for this patient. However, the reports provided do not state whether or not the medication helps him. The MTUS Chronic Pain Guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. The request is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The patient presents with ongoing left shoulder pain rated 4/10 that occasionally radiates to the left arm to the bicep along with new 5 week old right shoulder pain rated 6/10 and continuing left sided neck pain rated 4/10. The current request is for Prilosec 20mg #60 (Omeprazole). The RFA is not included. The 12/01/14 utilization review states the request date is 11/20/14. The MTUS Chronic Pain Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided show the patient has been taking this medication since at least 02/05/14. The treater does not discuss Prilosec, and no GI issues are documented for this patient. An NSAID (Naproxen) is prescribed; however, there is no GI assessment as required by MTUS. Furthermore, the treater does not state the intended

use of the medication or whether or not it helps the patient. In this case, the request is not medically necessary.