

Case Number:	CM14-0216458		
Date Assigned:	01/06/2015	Date of Injury:	02/03/2004
Decision Date:	06/04/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 3, 2004. In a Utilization Review Report dated December 12, 2014, the claims administrator failed to approve requests for 12 sessions of physical therapy, Medrox pain ointment, omeprazole, and Norflex. The claims administrator referenced a December 1, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a December 1, 2014 progress note, the applicant reported persistent complaints of shoulder pain, neck pain, bilateral upper extremity pain, all of which were reportedly attributed to the 2012 trip and fall industrial injury. An additional 12 sessions of physical therapy, Medrox, naproxen, Prilosec, and Norflex were endorsed. A rather proscriptive 10-pound lifting limitation was renewed. No discussion of medication efficacy transpired on this date. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pages 98-99, Physical Medicine topic.

Decision rationale: No, the request for 12 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. The attending provider's progress notes failed to contain any rationale for such a lengthy, protracted course of therapy at this late stage in the course of the claim, particularly in light of the fact that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. Therefore, the request was not medically necessary.

One prescription of Medrox pain relief ointment #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 28, Topical Capsaicin topic. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Medrox Medication Guide.

Decision rationale: The request for Medrox pain ointment was likewise not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of menthol, capsaicin, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic.

Decision rationale: The request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, present on the December 1, 2014 progress note at issue. Therefore, the request was not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 63, Muscle Relaxants topic.

Decision rationale: Finally, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet, two-refill supply of Norflex (orphenadrine) at issue represents chronic, long-term, and scheduled usage. Such usage, however, is incompatible with the role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.