

<b>Case Number:</b>	CM15-0014104		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/01/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 56-year-old male, who sustained an industrial injury on 9/1/08. The injured worker has complaints of ulcerogenic and irritating effects of using non-steroidal anti-inflammatory medications. The documentation noted that the injured worker needs medical monitoring in regard to his proteinuria. He has complaints of neck pain, upper and lower back pain and right shoulder pain and right knee pain. The diagnoses have included cervical spine multilevel disc protrusion, lumbar spine multilevel disc bulges and thoracic spine sprain, strain, and right shoulder partial tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

**Decision rationale:** Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The documentation does reference muscle spasm that the Flexeril would be used for however at this period it is not indicated. This request is not medically necessary and appropriate.

**Tramadol 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** The IW has been on long term opioids, which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

**Omeprazole 20mg #45:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate.

**Referral to general ortho:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 166, 196, 209-210, 289, 330, 333-334.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 9 Shoulder Complaints.

**Decision rationale:** Per ACOEM guidelines, referral for surgical consultation may be indicated for patients who have red-flag conditions (e.g., acute rotator cuff tear in a young worker, glenohumeral joint dislocation, etc.) or activity limitation for more than four months, plus existence of a surgical lesion or failure to increase ROM and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion or clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair for the shoulder. With regards to the knee, referral for surgical consultation may be indicated for patients who have activity limitation for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The IW was last seen by an orthopedist in July 2014 at which time it was felt that there were surgical indications but reimaging was requested. This request is medically necessary.

**Urea breath test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN). Dyspepsia. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2003 Mar. 27 p. (SIGN publication; no. 68).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date.Com.

**Decision rationale:** Testing for H. pylori should be performed only if the clinician plans to offer treatment for positive results. Testing is indicated in patients with gastric MALT lymphoma, active peptic ulcer disease, or a past history of documented peptic ulcer. Deciding which test to use in which situation relies heavily upon whether a patient requires evaluation with upper endoscopy and the strengths, weaknesses, and costs of the individual tests. Patients with a past history of peptic ulcer disease that has been documented by endoscopy or radiology but who have never been treated for H. pylori should be tested and, if positive, treated for H. pylori. Noninvasive testing by serology, stool, or breath is a reasonable approach in these patients. The documentation is clear that the IW has been tested but is unclear as to the result and possible course of treatment the IW may have received. This request is not medically necessary and appropriate.