

<b>Case Number:</b>	CM15-0110108		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: 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 injured worker (IW) is a 72 year old female who sustained an industrial injury on 01/09/2015. She reported a fall in which she landed on the left side of her body sustaining injury to her shoulder and hip. The injured worker was diagnosed as having left shoulder contusion, lower back strain, and left ankle strain. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of pain in the left side of her body. She has pain with lifting her left arm overhead. Walking helps relieve her pain. On examination, the worker is unable to lift objects over her head using her left arm. She states she has inability to sweep, mop in her home or to drive a car due to pain with movement of her left shoulder. She has difficulty sitting for over 25 minutes. The plan of care includes continuation of medications, electromyography, and physical therapy. Requests for authorization were made for the following: "1. Retrospective request for Anaprox (naproxen sod) 550mg #30, date of service 05/06/2015; 2. Retrospective request for Omeprazole (Prilosec) 20mg #30, date of service 05/06/2015; 3. Retrospective request for Cyclobenzaprine (Flexeril) 7.5mg #60, date of service 05/06/2015; 4. Retrospective request for Tramadol APAP (Ultracet) 37.5-325mg #30, date of service 05/06/2015; 5. Retrospective request for oximetry test, date of service 05/06/2015; 6. Retrospective request for ROM (Range of motion), date of service 05/06/15; 7. Retrospective request for EMG (Electromyography) one limb, date of service 05/06/15; and 8. Retrospective request for; Prolonged office visit, date of service 05/06/15."

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Anaprox (naproxen sod) 550mg #30, date of service 05/06/2015:**  
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  
Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. The efficacy of this medication was not noted in the medical records supplied for review. It is not clear if this is a request for an initial or additional prescription. The previous review approved a partial fill to allow time for the documentation of efficacy. Retrospective request for Anaprox (naproxen sod) 550mg #30 is not medically necessary.

**Retrospective request for Omeprazole (Prilosec) 20mg #30, date of service 05/06/2015:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is documentation that the patient has risk factors needed to recommend the proton pump inhibitor omeprazole. I am reversing the previous utilization review decision. Retrospective request for Omeprazole (Prilosec) 20mg #30 is medically necessary.

**Retrospective request for Cyclobenzaprine (Flexeril) 7.5mg #60, date of service 05/06/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The efficacy of this medication was not noted in the medical records supplied for review. It is not clear if this is a request for an initial or additional prescription. The previous review approved a partial fill to allow time for the documentation of efficacy. Retrospective request for Cyclobenzaprine (Flexeril) 7.5mg #60 is not medically necessary.

**Retrospective request for Tramadol APAP (Ultracet) 37.5-325mg #30, date of service 05/06/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is no documentation that the patient fits either of these criteria. The efficacy of this medication was not noted in the medical records supplied for review. It is not clear if this is a request for an initial or additional prescription. The previous review approved a partial fill to allow time for the documentation of efficacy. Retrospective request for Tramadol APAP (Ultracet) 37.5-325mg #30 is not medically necessary.

**Retrospective request for oximetry test, date of service 05/06/2015:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary (Acute & Chronic), Pulmonary function testing.

**Decision rationale:** A pulse oximeter is a medical device that indirectly monitors the oxygen saturation of a patient's blood. It is commonly used as part of pulmonary function testing. The Official Disability Guidelines recommend spirometry and pulmonary function testing of the diagnosis and management of chronic lung diseases, most notably asthma. In addition, pulmonary function testing it is sometimes utilized in a preoperative evaluation of a patient with pulmonary compromise. There is no documentation of any of the above criteria. Retrospective request for oximetry test, date of service 05/06/2015 is not medically necessary.

**Retrospective request for ROM (Range of motion), date of service 05/06/15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, Last Review Date: 11/14/2013.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not address quantitative muscle testing devices; consequently, alternative guidelines were used. According to the Blue Cross of California Medical Policy, Quantitative Muscle Testing Devices, Document Number MED.00089, use of quantitative muscle testing devices is considered investigational and not medically necessary. Quantitative muscle testing has been used in clinical research to quantify muscle strength and an individual's response to rehabilitation and therapy. However, manual muscle testing is sufficiently reliable for clinical practice. There is insufficient peer-reviewed published scientific evidence that quantitative muscle testing is superior. Retrospective request for ROM (Range of motion), date of service 05/06/15 is not medically necessary.

**Retrospective request for EMG (Electromyography) one limb, date of service 05/06/15:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The MTUS states that electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The medical record documents that the patient has radicular-type arm symptoms. I am reversing the previous utilization review decision. The EMG studies are medically necessary.