

<b>Case Number:</b>	CM15-0123144		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51-year-old male, who sustained an industrial injury on 1/7/14. Initial complaints were of left shoulder pain. The injured worker was diagnosed as having shoulder joint pain; strain of supraspinatus tendon; supraspinatus tendinitis. Treatment to date has included physical therapy; medications. Diagnostics studies included EMG/NCV upper extremities (6/2/15). Currently, the PR-2 notes dated 6/9/15 indicated the injured worker complains of chronic left shoulder pain since his injury. Since the injury he has had increasing left shoulder pain that is constant and can increase to a sharp pain. Exacerbating factors include "movement" and the only alleviating factors are "not moving". He has tried home exercise and physical therapy with minimal or temporary relief. He has tried NSAIDS but complain of NSAID-induced gastritis. He notes his pain is the same as last visit rating it 2/10. He has had 50% decrease in pain after the left shoulder steroid injection for the past two weeks. Physical therapy has increased range of motion and 50% decreased pain. He would like to proceed with more physical therapy. He suffers from left shoulder pain despite corrective left shoulder surgery. Physical examination of the left shoulder notes abduction to 85 degrees, anteroflexion to 95 degrees and posteroflexion to only 10 degrees. All range of motion is limited by pain in the shoulder joint. The provider's treatment plan included Diclofenac 100mg #60; Pantoprazole 20mg #60 and physical therapy x16.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury and January 2014 and continues to be treated for chronic left shoulder pain. An arthroscopic subacromial decompression was done in October 2014. He had postoperative physical therapy with a home exercise program resulting in only minimal or temporary pain relief. He has a history of NSAID induced gastritis. When seen, there had been improvement after an injection. He has undergone additional physical therapy with improved range of motion and decreased pain. Physical examination findings included decreased and painful shoulder range of motion. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing (100 mg twice daily) is in excess of the guideline recommendation and not appropriate or medically necessary.

**Pantoprazole 20mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 67-70.

**Decision rationale:** The claimant sustained a work injury and January 2014 and continues to be treated for chronic left shoulder pain. An arthroscopic subacromial decompression was done in October 2014. He had postoperative physical therapy with a home exercise program resulting in only minimal or temporary pain relief. He has a history of NSAID induced gastritis. When seen, there had been improvement after an injection. He has undergone additional physical therapy with improved range of motion and decreased pain. Physical examination findings included decreased and painful shoulder range of motion. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain. The claimant has a history of gastritis and is being prescribed diclofenac at a higher than recommended dose. He would be considered at intermediate risk for a GI event. For a patient at intermediate risk, guideline recommendations include a nonselective non-steroidal anti-inflammatory medication with a proton pump inhibitor such as pantoprazole. It was medically necessary.

**Physical therapy x 16: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury and January 2014 and continues to be treated for chronic left shoulder pain. An arthroscopic subacromial decompression was done in October 2014. He had postoperative physical therapy with a home exercise program resulting in only minimal or temporary pain relief. He has a history of NSAID induced gastritis. When seen, there had been improvement after an injection. He has undergone additional physical therapy with improved range of motion and decreased pain. Physical examination findings included decreased and painful shoulder range of motion. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight and could include use of TheraBands and a home pulley system for strengthening and range of motion. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. The request is not medically necessary.