

<b>Case Number:</b>	CM15-0178226		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: 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 52 year old female, who sustained an industrial injury on November 9, 2013. She reported right shoulder pain. The injured worker was diagnosed as having sprain of the right shoulder, left shoulder impingement, full thickness cuff tear, status post right shoulder surgery on January 29, 2015 and cervical spondylosis. Treatment to date has included diagnostic studies, medications and work restrictions. Currently, the injured worker continues to report right shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. Evaluation on March 19, 2015, revealed continued pain as noted. She rated her pain at 4 with rest and 6-7 with activity on a 1-10 scale with 10 being the worst. She denied numbness or tingling in the right upper extremity. It was noted she denied gastrointestinal symptoms but admits weight loss and stress. Passive flexion of the right shoulder was noted at 160, abduction at 120 and internal rotation at 70 degrees. Medications and the home exercise plan were continued. Evaluation on May 14, 2015, revealed continued right shoulder pain with decreased range of motion. She rated her pain at 3 with the use of medications and at 5-6 without medications on a 1-10 scale with 10 being the worst. She noted numbness and tingling with weakness of the right arm. She denied gastrointestinal problems. It was noted physical therapy was authorized but had not started. Evaluation on July 16, 2015, revealed continued pain as noted. She rated her pain at 6 with the use of medications and at 8-9 without the use of medications on a 1-10 scale with 10 being the worst. There was noted decreased range of motion in bilateral shoulders. Evaluation on August 27, 2015, revealed continued pain as noted. She rated her pain at 6 with medications and at 8-9 without medications on a 1-10 scale with 10 being the worst. It was noted she used muscle relaxants for continued spasms. It was also noted

NSAIDs decreased pain and inflammation however she developed GERD. Her status was modified duty however she was noted as not currently working. The note goes on to state that the medication allows the patient to perform activities of daily living including ambulate, use the bathroom, and provide self-care including cooking and cleaning. The RFA included requests for DC 2x4 and Anaprox-DS Naproxen Sodium 550mg #90 (retrospective August 27, 2015) that were modified and Fexmid Cyclobenzaprine 7.5mg #60 (retrospective August 27, 2015), Ultram Tramadol HCL ER 150mg #60 (retrospective August 27, 2015) and Protonix, Pantoprazole 20mg #60 (retrospective August 27, 2015) that were non-certified on the utilization review (UR) on September 3, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **DC 2x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): <http://www.odg-twc.com/odgtwc/shoulder.html> Official Disability Guidelines (ODG), Chiropractic Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 8 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits, and there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

#### **Anaprox-DS Naproxen Sodium 550mg #90 (retrospective 08/27/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Anaprox-DS Naproxen Sodium 550mg #90, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is identification that this medicine is providing analgesic benefits and objective functional improvement. Additionally, no intolerable side effects were reported. As such, the currently requested Anaprox-DS Naproxen Sodium 550mg #90 is medically necessary.

**Fexmid Cyclobenzaprine 7.5mg #60 (retrospective 08/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.

**Ultram Tramadol HCL ER 150mgm #60 (retrospective 08/27/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Ultram Tramadol HCL ER 150mgm #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Ultram Tramadol HCL ER 150mgm #60 is medically necessary.

**Protonix Pantoprazole 20mg #60 (retrospective 08/27/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding those issues, the currently requested pantoprazole is not medically necessary.