

<b>Case Number:</b>	CM15-0037349		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/14/2005
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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 was a 61 year old female, who sustained an industrial injury, December 14, 2005. The injuries were sustained when the injured worker fell on both knees. According to progress note of February 5, 2015, the injured workers chief complaint was right upper and lower extremity pain. The injured worker rated the pain 6 out of 10; 0 being no pain and 10 being the worse pain. The pain was aggravated by walking and prolonged sitting in the right lower extremity. The right upper extremity was aggravated by pushing, pulling and reaching. The physical exam noted tenderness in the right upper back/neck, right shoulder which increased with abduction 150 degrees increasing with resisted abduction, elbow flexion, and extension was full. The thumb to the index and thumb to the little finger with some pain and guarding on the right. The right hip flexion was noted to be 90 degrees with some increased pain with internal and external rotation. There was slight crepitus noted in the right knee with some tenderness in the peripatellar and joint lines. The injured worker had tenderness in the right lateral ankle. The injured worker was depressed and near tearful with the ongoing pain and limitation. The injured worker was diagnosed with right shoulder sprain with partial tearing and probably progressing tendonitis, right hip sprain and right foot and ankle sprain. The injured worker previously received the following treatments x-rays, MRI of the right ankle, acetaminophen, Ibuprofen, Omeprazole, right shoulder arthroscopic surgery, right ankle arthroscopic surgery and 6 sessions physical therapy right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 200mg #90: 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 NSAID's.

**Decision rationale:** Per MTUS guidelines NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAID's are recommended as a second-line treatment after acetaminophen for exacerbations of chronic back pain. There is no evidence that the IW had a functional improvement with use of ibuprofen. The NSAID is not medically necessary and appropriate.

**Omeprazole 20mg #60, three (3) refills: 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 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 .

**Voltaren Gel 100gm, 3 tubes, one (1) refill: 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Topical NSAID's, like diclofenac, are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. According to ODG Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients

who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documentation, the IW is on oral analgesics and thus the topical formulation is not warranted. This request is not medically necessary and appropriate.

**Acetaminophen 325mg #60: 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 Acetaminophen (APAP) Page(s): 11-12.

**Decision rationale:** Per MTUS guidelines, acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. It is also recommended as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects. There was no narrative of improved pain or function with the use of acetaminophen. The request is not medically necessary.

**Physical therapy one (1) times six (6) (6 sessions), right ankle, right shoulder: 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) Shoulder and Ankle/Foot Chapters.

**Decision rationale:** Per ODG guidelines physical therapy for a sprained shoulder is recommended for treatment of 10 visits over 8 weeks and for treatment of a partial tear at 20 visits over 10 weeks and post-surgical treatment at 24 visits over 14 weeks. ODG guidelines state physical therapy is recommended for ankle/foot sprain treatment of 9 visits over 8 weeks and post-surgical treatment of 34 visits over 16 weeks. There is little information regarding previous treatments and possible history of physical therapy, duration and response. The medical necessity of this request is unable to be affirmed.