

Case Number:	CM13-0002282		
Date Assigned:	03/03/2014	Date of Injury:	11/30/2012
Decision Date:	12/08/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

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 67-year-old female who reported an injury on 11/30/2012. The mechanism of injury was not provided for clinical review. Within the clinical note dated 01/28/2014, it was reported the injured worker complained of pain in the right paracervical and trapezius muscles with some numbness and tingling sensation radiating into the right hand. The injured worker complained of right lower extremity, intermittent numbness and tight tingling sensation affecting the right leg. Upon physical examination, the provider noted decreased range of motion of the cervical spine with flexion at 45 degrees and extension to 65 degrees. The provider noted the injured worker had tenderness to palpation of the bilateral paracervical muscles. The provider indicated there was tenderness in the bilateral trapezius muscles. Tenderness was noted in the bilateral rhomboid muscles. The provider noted muscle spasms and trigger points to the bilateral trapezius muscles. The injured worker had decreased sensation in the bilateral ventral aspect of the thumb and first 2 and a half digits. The injured worker had a positive Tinel's at the bilateral wrist, a negative Spurling's and Tinel's of the ulnar groove. The provider requested chiropractic sessions for the cervical spine. However, the rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin 120ml: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Dendracin 120 mL is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations for short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Terocin lotion 1 bottle: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Terocin lotion, 1 bottle, is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. The request submitted failed to provide the frequency and dosage. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guideline recommendations for short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Neurontin 600mg: 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 Gabapentin Page(s): 49.

Decision rationale: The request for Neurontin 600 mg is not medically necessary. The California MTUS Guidelines state Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathic pain and postherpetic neuralgia, and has been considered as a first

line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication, as evidenced by significant functional improvement. Therefore, the request is not medically necessary.

Omeprazole 20mg: 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 GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for omeprazole 20 mg is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAIDs therapy. Therefore, the request is not medically necessary.

Chiropractic, 2 times a week for 4 weeks: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for chiropractic sessions, 2 times a week for 4 weeks, is not medically necessary. The California MTUS Guidelines state that manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitates progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks with evidence of objective functional improvement, and a total of 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. The number of sessions the injured worker has previously undergone was not submitted for clinical review. Additionally, the

request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

Urine drug screen: 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 Urine Drug Test Page(s): 43.

Decision rationale: The request for a urine drug screen is not medically necessary. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be also used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug taking behaviors. Therefore, the request is not medically necessary.

CT scan of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for a CT scan of the lumbar spine is not medically necessary. The California MTUS Guidelines note unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less clear, further psychological evidence of nerve dysfunction should be obtained before ordering any imaging study. Indiscriminate imaging will result in a false by positive finding such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Computed tomography is recommended for a suspected tumor, infection, or fracture if it is strongly suspected. There is a lack of documentation indicating the provider suspected the injured worker to have a tumor or infection. There was no indication of red flag diagnoses or the intent to undergo surgery, warranting the medical necessity for the request. Therefore, the request is not medically necessary.

CT scan of the cervical spine: Upheld

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): 177-179.

Decision rationale: The request for a CT scan of the cervical spine is not medically necessary. The California MTUS Guidelines note for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period conservative care and observation fail to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. The medical record findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging studies if symptoms persist. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is no indication of red flag diagnoses or the intent to undergo surgery warranting the medical necessity for the request. Therefore, the request is not medically necessary.

CT scan of the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for a CT scan of the bilateral shoulders is not medically necessary. The California MTUS Guidelines note for most injured workers with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fail to improve symptoms. Most injured workers improve quickly, provided red flag conditions are ruled out. There is a lack of documentation indicating the injured worker had tried and failed on conservative therapy. There is a lack of significant neurological deficits upon the physical examination. Additionally, there is no indication of red flag diagnoses or the intent to undergo surgery, warranting the medical necessity for the request. Therefore, the request is not medically necessary.

EMG of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for an EMG, bilateral lower extremities, is not medically necessary. The CA MTUS/ACOEM Guidelines note an EMG study is useful to assess with the identification of neurological dysfunction in injured workers with low back symptoms when examination findings are unclear. The guidelines recommend the documentation of failure of conservative care to alleviate symptoms. There is a lack of documentation indicating the injured

worker had tried and failed on conservative therapy. There is a lack of significant neurological deficits warranting the medical necessity for the request. Therefore, the request is not medically necessary.

NCS of the bilateral lower extremities: 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) Low Back, Nerve Conduction Studies.

Decision rationale: The request for a Nerve Conduction Study of the bilateral lower extremities is not medically necessary. The Official Disability Guidelines do not recommend nerve conduction studies, as there is minimal justification for performing nerve conduction studies when the injured worker is presumed to have symptoms on the basis of radiculopathy. There is a lack of documentation indicating the injured worker to have significant neurological deficits warranting the medical necessity for the request. Additionally, the guidelines do not recommend nerve conduction studies of the lower extremities. Therefore, the request is not medically necessary.