

Case Number:	CM13-0007665		
Date Assigned:	12/27/2013	Date of Injury:	03/25/2002
Decision Date:	02/12/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 61 year old female presenting with neck pain following a work related injury on 03/25/2002. The claimant is status post anterior discectomy, and fusion C3-4, C4-5 and C5-6. CT scan of the cervical spine was significant for C2-3 with spondylitic spurring posteriorly to the right side resulting in narrowing of the right neural foramen; C3-4 and C4-5 disc spaces are partially fused; C5-6 disc space is not fused, narrowing involving the left neural foramen at C4-5 and bilateral neural foramen at C5-6 and C6-7; spondylitic spurring at C6-7; mild disc bulge posteriorly at this level. EMG was significant for moderate right carpal tunnel syndrome. The claimant tried bilateral C5-6 transforaminal epidural steroid injections and right C2-3 medial branch blocks. The claimant's relevant medications include Cymbalta, Lyrica, Omeprazole, Oxycontin, Percocet, Robaxin, Topamax, Topiramate and Trazodone. The physical exam was significant for decreased sensation and grip strength in the right upper extremity compared to left, difficulty with cervical range motion in connection with both shoulder, point tenderness over paracervical and facet capsules at C2-3 and C3-4 bilaterally reproducing higher axial spinal pain and suboccipital cervicogenic headaches, worsened from prior evaluations. The claimant is status post 3 level cervical spine fusion with suspected instability, myofascial pain with point tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Physical therapy x 12 is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fitting of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records does not document prior physical therapy and the length of time. As it can not be determined whether the claimant has previously met the recommended time-limit of 8-10 visit over 4 weeks the present request become noncertifiable; therefore not medically necessary.

Dulera 200/5 Inhaler: 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.

Decision rationale: The Physician Reviewer's decision rationale: Dulera 200/5 is not medically necessary. Per CA MTUS page 11 "The duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress toward treatment objectives, efficacy, and side effects as set forth in the Introduction of these guidelines at page 8. With regard to the frequency and intensity requirements, the treating physician is required, as stated in the Introduction of these guidelines at page 7, to exercise clinical judgment by "tailor[ing] medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies." The physician shall be "knowledgeable regarding prescribing information and adjust the dosing [i.e. how often {frequency} and how much {intensity}] to the individual patient" as stated in these guidelines at page 7 of the Introduction. Clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8. Dulera is an inhaler for treatment of asthma. This is a medical condition unrelated to the claimant's industrial injury. Per CA MTUS the provider should continue medications treatment toward treatment objectives, efficacy and side effect. The main objective is to treat the claimant's industrial injury. Dulera would not be treating that injury; therefore it is not medically necessary.

Prilosec 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Prilosec 40 mg 11 refills are not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. Prilosec is therefore, not medically necessary.