

Case Number:	CM13-0011136		
Date Assigned:	09/20/2013	Date of Injury:	04/14/2013
Decision Date:	02/11/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/14/2013

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 patient is a 63-year-old male who reported an injury on 08/05/2011. The patient is diagnosed with low back pain, lumbar radiculopathy, neck pain, and left foot and ankle pain. The patient was seen by [REDACTED] on 05/01/2013. The patient reported right-sided shoulder pain radiating to the elbow. The patient reported numbness and weakness in the right hand with activity limitation. Physical examination revealed full range of motion of the cervical spine, tenderness to palpation in the upper trapezius with muscle tension and spasm, tenderness over the deltoid and biceps insertion, decreased range of motion, positive empty can testing, and intact strength and sensation. Treatment recommendations included continuation of current medication, continuation of physical therapy and home exercise, and continuation of ice therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 additional sessions: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. According to the clinical notes submitted, the employee has previously participated in physical therapy. Documentation of a previous course of therapy with treatment duration and efficacy was not provided for review. Therefore, additional sessions cannot be determined as medically appropriate. As such, the request is non-certified.

Acupuncture 2 x 4 sessions directed to subacute neck/shoulder pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. According to the clinical notes submitted, there is no documentation of pain medication being reduced or not tolerated. There is also no evidence of a significant musculoskeletal or neurological deficit with failure to respond to conventional treatment. The medical necessity for the requested service has not been established. As such, the request is non-certified.

Extracorporeal Shock Wave Treatment directed to right shoulder: 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): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Extracorporeal Shock Wave Therapy (ESWT)

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that physical modalities are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium-quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. According to the clinical notes submitted, the employee does not maintain a diagnosis of calcifying tendonitis of the shoulder. There is no documentation of a failure to respond to recent conservative treatment including rest, ice, NSAIDs, orthotics, physical therapy, and/or injections. The medical necessity has not been established. Therefore, the request is non-certified.

Cervical/Thoracic LSO (lumbar-sacral orthoses): 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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar Supports

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention, but are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. According to the clinical notes submitted, there is no evidence of documented instability or spondylolisthesis. The employee demonstrated full range of motion and 5/5 strength of the cervical spine with only tenderness in the right upper trapezius with tension and spasm. Based on the clinical information received, the request is non-certified.

Exoten-C pain relief lotion: 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: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the clinical notes submitted, there is no indication of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Therefore, the employee does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Exoten-C pain relief lotion: 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 Opioids Page(s): 91.

Decision rationale: The MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the clinical notes submitted, there is no indication of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Therefore, the employee does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.

Hydrocodone/APAP 2.5mg/325mg tablets 1 tab TID #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS guidelines indicate that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the clinical notes submitted, the employee has continuously utilized this medication. Despite ongoing use, the employee continues to report persistent pain. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Furthermore, the latest note on 05/21/2013, indicates that the employee has been misplacing his hydrocodone. Based on the clinical information received, the request is non-certified.

Omeprazole 20mg capsules DR 1 tab BID #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 Section NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. According to the clinical notes submitted, there are no subjective complaints of gastrointestinal events. There is also no indication of cardiovascular disease or increased risk factor for gastrointestinal events. Based on the clinical information received, the request is non-certified.