

Case Number:	CM13-0015471		
Date Assigned:	10/08/2013	Date of Injury:	09/24/1998
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

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 74 year old female who reported an injury on 09/24/1998. The mechanism of injury was a fall. The subsequent diagnoses included closed head injury, cervical and lumbosacral strain, right shoulder impingement, and right shoulder strain. She has received physical therapy and steroid injections for her shoulder injuries. The patient continues to have persistent discomfort in her neck and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment for 12 sessions, neck and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend the use of manual manipulation for chronic pain caused by musculoskeletal conditions. However, the guidelines state that if chiropractic is going to be effective, there should be objective, outward signs of improvement within an initial 6 visits. The current request for 12 sessions exceeds initial trial

recommendations. Therefore, the request for chiropractic treatment for 12 sessions, neck and right shoulder is non-certified

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-118.

Decision rationale: The California MTUS Guidelines recommends transcutaneous electrical nerve stimulation as a secondary treatment and on a 30 day home trial basis, as an adjunct to physical therapy. The TENS unit is approved to treat the conditions of neuropathy; phantom limb pain; CRPS II; spasticity; and Multiple Sclerosis. The criteria that must be met in order for TENS use include documented, intractable pain of at least three months duration; request of a 30 day in home trial; documented decrease in use of other pain treatments when using the TENS; and submission of a treatment plan that includes both short and long term goals with TENS use. Once the patient begins to utilize the TENS, documentation of how often the unit was used, how well it relieved the patient's pain and how it changed functional abilities needs to be documented. In the medical records provided for review, it appears the patient has been utilizing the TENS unit since February of 2013. However, none of the notes from February to September provide objective documentation on its efficacy, as recommended per guidelines. As such, the request for a transcutaneous electrical nerve stimulation (TENS) unit is non-certified.

Physical therapy 3 x 4, right side of neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 127-128.

Decision rationale: The California MTUS Guidelines recommend physical therapy to treat myalgia/myositis, neuralgia, neuritis, radiculopathy, and reflex sympathetic dystrophy. Guidelines recommend 9-10 visits over 8 weeks for myalgia with the expectation of a home exercise program to be continued. The most recent clinical note dated 09/09/2013 stated that the patient has already been approved for 5 sessions of physical therapy. It is unclear if she has attended any of these sessions as there were no therapy notes included in the records. However, an additional 12 sessions would total 17 sessions, and would exceed the recommended guidelines. Therefore, the request for physical therapy 3 x 4, right side of neck, is non-certified.

Acupuncture for 8 sessions, neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Acupuncture guidelines recommend acupuncture to reduce pain, inflammation, and increase function. Guidelines state that the time to produce effect is 3-6 treatments, and that treatment may be extended if objective documentation of functional improvement is provided. In the most recent clinical note dated 09/09/2013, the physician stated that the patient was already approved for 4 sessions of acupuncture. It is unclear if the patient has attended any of these sessions, as acupuncture notes were not present in the records. However, an additional 8 sessions would total 12, and would exceed the recommended guidelines. As such, the request for acupuncture, 8 sessions, neck and right shoulder, is non-certified.

Lidoderm patch 5%, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state that Lidoderm is only recommended for treating neuropathic pain, as there is little evidence to support benefit in the treatment of chronic muscle pain. It is not noted in any of the medical records provided that the patient has any signs or symptoms of neuropathy to the neck and shoulders. Without presence of neuropathic pain, the use of Lidoderm is not indicated. Therefore, the request for Lidoderm patch 5%, #60 is non-certified.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The California MTUS and ACOEM guidelines did not address the use of proton pump inhibitors, therefore, the Official Disability Guidelines were supplemented. ODG recommends the use of proton pump inhibitors for patients at risk for gastrointestinal events and only for approved indications. These indications include the prevention of gastric ulcers due to the regular use of NSAIDs. Recommendations also state, however, that PPIs should be used at the lowest dose for the shortest amount of time possible. Although the patient is noted to have a prescription for an NSAID, it is not clear as to how often she is taking the medication and what adverse side effects, if any, occur with its use. The records also fail to indicate how long the patient has been using this PPI to date. Also, the patient is not noted to have any other risk factors associated with possible gastrointestinal events. Without the frequency of NSAID use,

and the length of PPI use to date, the medical necessity for a proton pump inhibitor cannot be determined. As such, the request for Prilosec 20mg, #60 is non-certified.

Diclofenac 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: California MTUS Guidelines recommend the short term use of NSAIDs to treat pain. For patients with cardiovascular risk factors, it is suggested that acetaminophen or aspirin be used for short-term pain needs. If long term therapy is needed for patients with cardiovascular risks, guidelines recommend naproxen 500mg in conjunction with aspirin. It is also recommended that hypertensive patients be monitored for both changes in blood pressure and fluid retention on every clinical visit. Although there are routine blood pressure measurements, there is no mention of edema in any of the records provided. It is also noted that the patient is on an antidepressant but does not specify which one. NSAIDs are contraindicated with the use of some antidepressants. Without further information regarding the patient's hypertensive and medication histories, the medical necessity of the diclofenac cannot be determined. As such, the request for Diclofenac 100mg, #30 is non-certified

Acetadryl 25/500mg, #50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The California MTUS and ACOEM guidelines did not address insomnia treatment, therefore, the Official Disability Guidelines were supplemented. ODG states that medication used for treating insomnia should not be prescribed indefinitely and should not exceed 7-10 days. In reference to sedating antihistamines, guidelines state that tolerance develops within a few days. The medical records provided for review do not include documentation of next day side effects or functional changes, nor do they indicate how long the patient has been utilizing this sleep aid. As such, the request for Acetadryl 25/500mg #50 is non-certified.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend opioid use for treating moderate to severe pain. The criteria for on-going management and use of opioids include but are not limited to, one prescribing physician of the lowest effective dose; objective documentation of the amount of pain relief, duration of pain relief, and increased functional ability; adverse reactions, aberrant behaviors, and frequent urine drug screens. The medical records provided for review did not contain regular objective pain assessments as scored by a VAS scale, frequency of medication use, or an increase in functional ability, no discussion of medication side-effects, nor were there any urine drug screens included for review. As such, the request for Norco 10/325mg #60 is non-certified.