

Case Number:	CM13-0020024		
Date Assigned:	11/08/2013	Date of Injury:	06/23/2010
Decision Date:	06/30/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/04/2013

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 64-year-old female who has reported neck, knee, and upper extremity symptoms after an injury on 06/23/10. Diagnoses have included myofascial pain, degenerative joint disease, shoulder impingement, and carpal tunnel syndrome. She has been treated with wrist, shoulder, and knee surgeries; physical therapy, chiropractic, and medications. All the work status reports in 2013 reflect a "temporarily totally disabled" work status. The AME on 4/15/13 did not cite any guidelines but recommended against epidural steroid injection or facet injections. He recommended DC or physical therapy visits for flare-ups. Medications were recommended, with no discussion of the specific benefit and results from current medications. Medical records show Flexeril prescribed since at least December 2012. On 5/18/13 and 6/18/13, the primary treating physician noted ongoing neck, bilateral upper extremity, and right knee pain. She had completed 11 chiropractic sessions. Current medications were Celebrex, Prilosec, and Flexeril; stated to help pain with no side effects. The neck was tender with decreased range of motion. Neurological status was intact and there was no weakness. The treatment plan included chiropractic care, medial branch blocks, Flexeril, and Omeprazole. Celebrex was stopped due to "abdominal complaints". Dendracin was dispensed. Work status was "temporarily totally disabled". On 7/25/13, Celebrex is stated to be free of side effects. Prior chiropractic is stated to have been helpful. The physical examination and treatment plan are the same. There is no work status. A chiropractic evaluation on 4/22/13 notes ongoing multifocal pain and a plan to treat with 8 visits. 8 visits were reportedly completed per a report of 4/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic LBP. The muscle relaxant prescribed in this case is sedating. This patient has chronic pain with no evidence of prescribing for flare-ups. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Flexeril, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. Per the MTUS, ongoing use of Flexeril is not indicated and is not medically necessary.

Omeprazole 20mg daily #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. The medical reports provide conflicting evidence for any abdominal complaints, and generally say that there are no medication side effects. The mention of abdominal complaints is non-specific. If one were to presume that a medication were to be the cause of the GI symptoms, the treating physician would be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, and there may or may not be minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on PPIs. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

Additional Chiropractic Care 2 X 4 for right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). The MTUS states that maintenance manipulation is not recommended. Care in this is prescribed at each visit, which implies maintenance care rather than care for flare-ups, which would occur infrequently and unpredictably. The treating physician has stated that the patient is "temporarily totally disabled", which implies near bed-bound status, inability to perform most ADLs, and inability to perform nearly all exercise. This is evidence of no functional improvement. The treating physician has not provided any evidence of functional improvement to date. Given that the focus of manipulative therapy is functional improvement, "temporarily totally disabled" is not an appropriate starting point for therapy, and does not represent a sufficient emphasis on restoring function. The MTUS states that chiropractic for the knee is "not recommended". Manual and manipulative therapy is not medically necessary based on the lack of functional improvement after the visits completed to date and the MTUS recommendations against chiropractic care for the knee.

Facet medial branch block right C4/5 and C5/6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, 181. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter

Decision rationale: : The ACOEM Guidelines page 174-5 state that there is no proven benefit from injection of the facet joints for acute neck and upper back pain. Cervical facet medial branch blocks followed by neurotomy may be useful. Facet neurotomy is indicated if there is a good response to medial branch blocks. The MTUS for chronic pain does not provide direction for facet or medial branch block procedures. The Official Disability Guidelines state that facet joint diagnostic blocks are recommended prior to facet neurotomy. There may be an indication for diagnostic medial branch blocks under the specific conditions listed in the cited guidelines. Specific recommendations include number of levels to be injected, volume of injectate, use of sedatives and analgesics, and monitoring of the acute response to the injections. These issues have not been adequately addressed in the treatment request. The treating physician has not provided sufficient information regarding the specific details of the proposed facet procedure. The available information is not sufficient to show compliance with cited guidelines. Work status was stated to be "temporarily totally disabled", and function was not otherwise addressed in any detail. All treatment for chronic pain should have the goal of functional improvement, per the MTUS. Any treatment like medial branch blocks and possible radiofrequency ablation should therefore be in the context of specific measures to measure and increase function. This requires an accurate assessment of function, including work status, and specific goals for increasing function. Facet joint diagnostic blocks are not medically necessary based on lack of a sufficiently

specific prescription and lack of indications per the cited guidelines. The AME also recommended against this procedure.