

Case Number:	CM13-0022103		
Date Assigned:	11/13/2013	Date of Injury:	03/01/2013
Decision Date:	01/13/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/09/2013

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, has a subspecialty in Interventional Spine 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 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:

This patient is a 44 year old female with injury from 3/1/13 and has diagnoses of cervical disc syndrome, low back syndrome, left shoulder rotator cuff syndrome, per treater's report from 4/30/13. Review of the reports show that this patient is working as of 4/30/13 evaluation, tried three types of therapy without benefit. The patient reports developing "accumulative injuries affecting her neck, shoulders, elbows, back, knees and she developed a sleep disorder, GI, cardiovascular and psychological problems." Chief complaints involve the neck, shoulder, elbow, hands, back, and knees. Neck pain radiates to shoulders, arms and hands. Exam showed positive impingement of left shoulder with mild reduction of ROM. Some weakness noted of left arm. Her job requires standing, wlaking, lifting up to 40 lbs, carrying, twisting neck and back, reaching etc. The patient is placed on temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: 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): 98-99.

Decision rationale: This patient suffers from chronic pains of multiple musculoskeletal systems. The treater has requested 12 sessions of therapy. However, for the diagnoses provided that include myalgia, tendinitis, neuritis, and radicular symptoms, MTUS recommends 9-10 sessions of therapy. The current request is for 12 sessions and exceeds what is allowed by MTUS. It is also noted that the patient has tried three different types of therapy without much benefit in the past. The treater does not provide any reasoning as to why therapy is being tried again. The request for 12 sessions of physical therapy is not medically necessary and appropriate

Omeprazole 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 69.

Decision rationale: The treater has prescribed Prilosec from the initial evaluation stating that this is for GI prophylaxis. However, the patient is not prescribed NSAIDs; the patient is not over 65; there are no prior history of peptic ulcer disease or cardiovascular risk; no concurrent ASA use or anticoagulation, etc. The MTUS does not support routine use of Prilosec for chronic pain. The treater indicates that the patient has GI upset from the use of Tramadol. MTUS does not discuss treatment of upset stomach with Prilosec due to Tramadol side effect. The Tramadol dosing should be adjusted as the patient is on high and long acting formulation. Or, another pain medication can be tried since there is no documentation that tramadol is doing anything for this patient. The request for omeprazole is not medically necessary and appropriate.

A lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Supports..

Decision rationale: According to the medical reports, the patient was working until the patient presented to [REDACTED] on 4/30/13. On this date, the treater has the patient on temporary total disability. The patient currently suffers from non-specific chronic low back pain. ACOEM guidelines do not support lumbar bracing. ODG guidelines states that lumbar bracing may be indicated for post-operative, spondylolisthesis treatment, fractures, instability and non-specific low back pain. However, it states that for non-specific low back pain, evidence is quite limited. There may also be a support for lumbar bracing for patients that are working with frequent back pain. However, this patient stopped working at the treater's recommendation. Recommendation is for denial of the request as there is lack of ACOEM or ODG guidelines support for this

patient's low back condition and work status. The request for a lumbar spine brace is not medically necessary and appropriate.

MRI of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: Recommendation is for authorization. The patient has failed to progress despite conservative care in terms of the left arm weakness. The patient has positive impingement maneuvers and internal derangement of the shoulder should be ruled out. This is consistent with ACOEM guidelines as quoted above. The MRI of the left shoulder is medically necessary and appropriate.

MRI of the cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, shoulder chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient continues to experience neck pain that radiates into the arms. The patient also has weakness of the left arm as documented on the treater's examination. The patient has failed conservative care as well. Radiating symptoms and weakness are evidence of neurologic dysfunction or tissue damage. MRI of the cervical spine is consistent with ACOEM guidelines recommendation. The request for an MRI of the cervical spine is medically necessary and appropriate.

Flexeril 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: MTUS does not support chronic use of Flexeril. It is most effective for the first 4 days and is not recommended for use more more than 2-3 weeks. In this patient, review of the reports show that the patient is being dispensed Flexeril on a monthly basis. The treater also does not indicate that this is being used for short-term. The request for Flexeril is not medically necessary and appropriate.

Medrox patches: 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.

Decision rationale: Medrox contains salicylate, capsaicin and menthol. MTUS does not support compounded topical products if one of the product is not recommended as quoted above. In this case, the patient's areas of chronic pain are neck, low back, and shoulder. The patient does have elbow and arm symptoms but there is no documentation of tendinitis or arthritis for which a topical NSAID might be effective. The treater also does not specify what condition or diagnosis the topical product is being prescribed for. Reports also do not show where the patient is using the cream. Since salicylate is not indicated for neck, shoulder, low back arthritic pains or tendinitis, the entire compound cannot be authorized. Capsaicin may be indicated for this patient's type of pain. However, this solution contains higher concentration of Capsaicin than what is recommended in MTUS. The request for Medrox is not medically necessary and appropriate.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 80, 82 and 84.

Decision rationale: MTUS appears to support the use of tramadol as a second line treatment for chronic pain. In this patient, the treater's initial evaluation states that the patient was not taking any pain medication. It would appear that the treater has used tramadol as a first-line medication rather than trying other medications such as tylenol and/or NSAIDs. The treater also do not provide any pain and function evaluation after having started tramadol. None of the subsequent progress notes indicate whether or not pain has improved or functional levels improved. In fact, progress reports show no progress in terms of the patient's pain. For on-going use of opiates, MTUS requires documentation of pain and functional improvement. The request for tramadol is not medically necessary and appropriate.