

Case Number:	CM13-0025050		
Date Assigned:	12/18/2013	Date of Injury:	03/01/2004
Decision Date:	02/13/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, 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:

The patient is a 45-year-old female who reported an injury on 03/01/2004. The patient is currently diagnosed with cervical spine myoligamentous injury, bilateral shoulder overuse syndrome, bilateral carpal tunnel syndrome, status post left carpal tunnel release in 2007, cervicogenic headaches, right elbow medial epicondylitis with subluxation of the ulnar nerve, and medication-induced gastritis. The patient was seen by [REDACTED] on 08/09/2013. The patient reported ongoing pain in the cervical spine and trapezius musculature, as well as bilateral upper extremities. Objective findings included tenderness to palpation of the cervical musculature bilaterally, increased muscle rigidity, numerous trigger points, tenderness on the left side of the neck and trapezium healed scar, diminished range of motion, 2+ reflexes, 5/5 motor strength in bilateral upper extremities, and decreased grip strength on the left. Treatment recommendations included continuation of current medication, including Anaprox, Prilosec, and Dendracin cream, as well as a home electrical stimulation/TENS unit with a motorized moist heat combined with cold therapy compression system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state 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. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. There are no subjective complaints of stomach upset. Based on the clinical information received, the request is non-certified.

Dendracin topical analgesic cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no documentation upon physical examination of a neurological deficit. There is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request is non-certified.

Home TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. As per the clinical notes submitted, there is no evidence of a successful 1 month trial of a TENS unit prior to the request for a home purchase. There is no evidence of a treatment plan with specific short and long-term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.

Trial of a motorized moist heat/cold compression therapy system rental for 3 months:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 174,203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Heat/Cold Applications..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Heat/Cold Applications.

Decision rationale: California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat and cold applications. Official Disability Guidelines state heat and cold applications are recommended. Insufficient testing exists to determine the effectiveness of heat and cold applications in treating mechanical neck disorders. Local applications of cold packs may be applied during the first few days of symptoms, followed by applications of heat packs. As per the clinical notes submitted, the patient's physical examination only revealed tenderness to palpation with muscle rigidity and decreased range of motion. The patient's injury was greater than 9 years ago to date, and the patient is no longer in the acute phase of treatment. There is no recommendation for a motorized unit, as opposed to at-home local applications of heat and cold therapy. Based on the clinical information received, the request is non-certified.