

Case Number:	CM13-0027297		
Date Assigned:	12/11/2013	Date of Injury:	12/28/1994
Decision Date:	02/13/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented former [REDACTED] [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 28, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; topical compound; attorney representation; and extensive periods of time off of work. In a faxed appeal letter of September 20, 2013, the applicant appeals an earlier utilization review denial, citing the fact that her workers' compensation judge had ordered her lifetime medical benefits. In a utilization review report of August 23, 2013, the claims administrator denied a request for unspecified topical compounds. In an earlier utilization review report of August 16, 2013, the claim's administrator denied a request for chiropractic manipulative therapy and Condrolite. Prilosec was likewise denied. Naprosyn was partially certified as a three-month supply of the same. An earlier progress report of July 15, 2013 is notable for comments that the applicant is a former EEG technician. She is off of work, on total temporary disability. She now resides in [REDACTED]. She is seeing a chiropractor for flare-ups of pain on an as needed basis, she states. X-rays were taken. The applicant is given prescriptions for Naprosyn, Condrolite, and Prilosec. Prilosec is being employed for gastrointestinal protective purpose, it is stated. Unspecified topical compounds are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; 24 visits per year for flare ups: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, 1 to 2 sessions of manipulative therapy are endorsed for flare-ups every four to six months in those applicants who successfully achieve or maintain return to work. In this case, however, the applicant has failed to achieve or maintain return to work. She remains off of work, several years removed from the date of injury, implying that prior manipulative therapy was unsuccessful. Therefore, the request is not certified.

Condrolite: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines and enovachem.us.com/portfolio/condrolite/. Page(s): 50.

Decision rationale: Per the product description, Condrolite appears to represent a combination of glucosamine and chondroitin. As noted on page 50 of the Chronic Pain Medical Treatment Guidelines, glucosamine is indicated in the treatment of pain associated with moderate arthritis, and, in particular, knee arthritis. In this case, however, the documentation on file does not establish a diagnosis of arthritis or knee arthritis for which usage of glucosamine would be indicated. On a July 2013 progress note, the attending provider states that the applicant carries diagnoses of cervical spine discopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right carpal tunnel syndrome, and lumbar spine strain/sprain. There is no mention of arthritis. Therefore, the request for Condrolite (glucosamine) is not certified.

Anaprox DS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain issues, including the chronic low back pain present here. Naprosyn appear to represent a good first choice in the management of the applicant's chronic pain issues. Therefore, the request is certified.

Prilosec: 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 and gastrointestinal symptoms..

Decision rationale: The attending provider wrote on the progress note provided that he intends to use Prilosec for gastrointestinal protective purposes. As noted on the page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, however, usage of proton pump inhibitors for gastrointestinal protective purposes is recommended only if an applicant is 65 years of age or greater, has a history of peptic ulcer disease, is using multiple NSAIDs, and/or is using NSAIDs in conjunction with corticosteroids. In this case, the applicant is only using one NSAID, Naprosyn. She does not appear to be using any corticosteroids. She does not have any clearly stated history of peptic ulcer disease or other GI complications. Finally, she is 61 years of age (date of birth [REDACTED]). For all of these reasons, then, the request is not certified.