MAXIMUS Federal Services

Case Number:	CM13-0030654		
Date Assigned:	11/27/2013	Date of Injury:	06/29/1999
Decision Date:	02/03/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 44-year-old female who reported an injury on 06/29/1999. The mechanism of injury was not provided. The resulting injuries were not provided; however, it appears the patient has muscle pain and spasm to her neck and upper back. Diagnoses listed on the 02/13/2013 note are depressive disorder, arthropathy to the shoulder, cervical disc displacement, medial epicondylitis, and tenosynovitis of the hand and wrist. Also according to this note, her current medications include Effexor XR 150 mg capsule, 1 in the morning and 1 at night; Omeprazole 20 mg capsule 1 daily; Lidoderm 5% patch, on for 12 hours and off for 12 hours to painful area; and Voltaren gel 1%, apply to effected area 3 times a day. The patient stated the pain medication provides her with complete relief from her pain, but continues to state that the pain prevents her from lifting heavy objects, walking, sitting, standing, traveling, and performing ADLs at a reasonable pace and has decreased her recreational and social life, as well as employment and homemaking. No range of motion values were included with the medical records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6: 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: California MTUS Guidelines state active therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. When a patient exhibits these symptoms as they are associated with myalgia or myositis and neuralgia or radiculitis, guidelines allow for 9 to 10 visits of physical therapy. However, the only clinical note submitted for review was dated 02/13/2013 and did not include any objective documentation suggesting the patient had a decrease in range of motion, decreased motor strength, and did not rate her pain on a VAS scale. These notes are almost one year old and does not detail a current picture of the patient's medical condition. As such, the request for physical therapy 2 x 6 is non-certified.

The request for Lidoderm 5% patch, apply patch 12 hours on per day and 12 hour off (#30) - Topical Analgesic: 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): 111-115.

Decision rationale: California MTUS Guidelines recommend topical analgesics to treat neuropathic pain. Lidocaine in particular, is only approved for treating neuropathic pain and is specifically noted to not be recommended for the treatment of chronic muscle pain. The only clinical note submitted for review dated 02/13/2013 does not show any objective documentation that would indicate the patient is suffering from neuropathy to include decreased sensation, motor strength, or reflexes. As such, Lidoderm is not indicated and the request for Lidoderm 5% patch, apply patch 12 hours on per day and 12 hours off #30 - topical analgesic is non-certified.

Voltaren Gel 1% apply 2-4 grams to affected area three times a day (#100 grams) - NSAID: 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): 111-115.

Decision rationale: California MTUS Guidelines recommend topical NSAIDs in the treatment of osteoarthritis or chronic musculoskeletal pain. Guidelines also state there is little evidence to use topical NSAIDs for a period that exceeds 4 to 12 weeks. The clinical record dated 02/13/2013 stated the patient finds the topical medications to be quite effective. However, there is no information detailing the amount of time the patient has been utilizing this topical cream. As such, guideline compliance cannot be determined. Therefore, the request for Voltaren gel 1% apply 2 to 4 grams to affected area 3 times a day #100 grams - NSAID is non-certified.

omeprazole 20 mg 1 by mouth every day (#30) - proton pump inhibitor: Upheld

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

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

Decision rationale: California MTUS guidelines recommend the use of proton pump inhibitors such as Omeprazole, in patients at an intermediate to high risk for gastrointestinal events. Risk factors include being over the age of 65; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulant; or high dose/multiple NSAID use. The only clinical notes submitted for review dated 02/13/2013 does not indicate the patient is currently on any NSAIDs, nor were there subjective complaints of stomach upset. The patient is also under 65 years of age, has no recorded history of GI events, and is not using aspirin, corticosteroids, or anticoagulants at this time. As such, there is no indication for the use of a proton pump inhibitor. Therefore, the request for Omeprazole 20 mg 1 by mouth every day #30 - proton pump inhibitor is non-certified.