

Case Number:	CM13-0038085		
Date Assigned:	12/18/2013	Date of Injury:	08/27/2012
Decision Date:	02/28/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Arizona. 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 36 year old field worker with a date of injury of 8/27/12 who reported she was behind a grape harvester and was hit with some vines that had become caught in front of the machine, hitting her across her arms. She started having pain in her neck, left rib cage and lower back. She was initially evaluated 2 days after her accident and was given initial physical therapy for Cervical, Thoracic and Lumbar strain 9/2012. Subsequently she underwent physical therapy of her cervical spine 3x a week for 2 weeks 11/2012 with notation of no improvement. In January, 2013 an MRI neck showed short congenitally short pedicle with a trace disk bulge at C6-C7 and mildly stenotic secondary to the congenitally shortened pedicles. A EMG/NCV near the same time showed a normal lumbar study, with evidence of carpal tunnel on the right according to physician notes on 1/29/13 but the actual report was not included to review. As of her visit note from 8/8/13, she has been diagnosed with bilateral shoulder impingement, bicipital tendonitis, subacromial/subdeltoid bursitis, Ulnar neuropathy, clinically; LS Strain/sprain, L/S Radiculopathy. She had a positive Neer's Impingement, Apley's and Hawkins test. Her abduction was weak against resistance. Lumbar spine showed an upright posture and non-antalgic gait. Treatment plan included physical therapy twice a week with a course of NSAIDS, refilling Naproxen 550 BID, Omeprazole for gastric mucosa protection, Gabapentin for neuropathic symptomology and Nortryptilline for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 right shoulder, lumbar and right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Patient underwent physical therapy of the lumbar spine around the time of injury with notation of no improvement in symptoms or functional status. Additionally, subsequent physical therapy of the cervical spine 11/2012 with no documented evidence of improvement is noted. There is no documentation of any therapy to the right shoulder and wrist. Lumbar spine therapy is not medically necessary, thus the request as stated in the original request is not medically necessary.

Naproxen 550MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: Per MTUS Chronic pain Medical Treatment guidelines with regards to anti-inflammatory medications "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." "Comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. (Schnitzer, 2004). "However, also per MTUS Chronic pain Medical Treatment guidelines regarding medications for chronic pain, "A record of pain and function with the medication should be recorded. "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. There is no documented subjective or objective benefit from use of this medication and thus, certification for Naproxen is not medically indicated.

Omeprazole 20 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic pain treatment guidelines recommends gastric protection with medications such as omeprazole if patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA,

corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). For treatment of dyspepsia secondary to NSAID therapy it is recommended to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. There are no documented gastric complaints in the chart and patient does not meet the above criteria.

Gabapentin 600 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Medications for chronic pain Page(s): 49, 60.

Decision rationale: MTUS Chronic pain treatment guidelines states that Gabapentin is an anti-epilepsy drug which has been considered as a first-line treatment for neuropathic pain. There is insufficient documentation of neuropathic pain to approve the use of Gabapentin. MTUS Chronic pain Medical Treatment guidelines regarding medications for chronic pain, "A record of pain and function with the medication should be recorded." "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be documented. There is no documented subjective or objective benefit from use of this medication and thus, certification for Gabapentin is not medically indicated.

Nortriptyline 25 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13-14.

Decision rationale: Visit note from 8/8/13 states refilling medications "for insomnia Nortriptyline 25 mg 1 qhs prn #30." There are no MTUS Chronic pain treatment guidelines for specific use of Tricyclics for insomnia. The guidelines do reference for "Neuropathic pain: Recommended (tricyclic antidepressants) as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression" however is insufficient documentation in the records of neuropathic pain to approve the use of Nortriptyline.