

Case Number:	CM13-0048881		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2012
Decision Date:	06/03/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 is a 36-year-old female who sustained a work-related injury on 9/30/12 when she fell from a chair and resulted in neck pain and bilateral shoulder pain as well as low back pain. She is currently taking medication for depression as her medical condition has not improved since the injury. She has tenderness to palpation of the cervical spine with limitation of spinal motion. She has limitation of active right and left shoulder motion with pain and her low back is beginning to hurt secondary to compensation for her neck pain. The patient was allowed 3 sessions of chiropractic manipulation for which she reports some relief. She was also authorized for a few sessions of acupuncture treatment which gave her some relief. MRI scan of the shoulder showed no rotator cuff disease, some infraspinatus calcific tendinitis and a small amount of fluid in the subacromial bursa. According to the note of October 14, 2013, the diagnoses are: bulging cervical disks with bilateral radiculopathy, right shoulder pain with impingement, left shoulder adhesive capsulitis and clinical depression. The patient was prescribed Ativan for anxiety, Flexeril for muscle spasm, Morphine sulfate for pain and Celexa for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, and reduce muscle spasm. This patient was allowed 3 sessions of acupuncture and the only documentation is that she received some relief.

Acupuncture may be extended if functional improvement is documented; this includes improvement in activities of daily living or a reduction in work restrictions, as measured during the history and physical examination, and a reduction in the dependency of continued medical treatment. None of these factors were documented in the medical record. Therefore, the request for the Acupuncture is not medically necessary.

CHIROPRACTIC VISITS, X 12 TO THE LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Manual therapy and manipulation is recommended for chronic pain if caused by muscular skeletal conditions. The patient was authorized 4 treatments which should have produced a positive effect. The only documentation is that the patient got "some relief". If chiropractic treatment is to continue, there has to be documentation of substantive measurable functional gains both subjective and objective. Therefore, lacking this documentation, the request for Chiropractic visits are not medically necessary.

ATIVAN 1 MG QID PM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: MTUS states: Ativan is not recommended for long-term use because long-term efficacy is unproven and there is a risk of the dependency and most guidelines limit use to 4 weeks. The patient was authorized 15 tablets for weaning purposes. Therefore, according to the MTUS guidelines, the request for Ativan is not medically necessary.

FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: MTUS recommends Flexeril as short-term treatment course, it is more effective than placebo in the management of back pain but the effects are modest. It is associated with drowsiness and dizziness and if long-term treatment is prescribed, there should be documentation of the functional improvement produced by the medication. There is no documentation in the record that Flexeril is producing any results, therefore, the request for Flexeril is not medically necessary.

MORPHINE SULFATE IR 30 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This patient has been on several different opioids over the last several months including Norco, Percocet and now Morphine is requested. There is no documentation of why the opioids were switched. Ongoing management in the use of opioids for chronic pain should include a monitoring of the 4 A's (analgesic effect, activities of daily living, adverse side effects, and aberrant drug taking behavior). There is no documentation of any of this. Drug screening is recommended in order to monitor abuse, addiction, or poor pain control. Documentation of misuse of medications is required plus continuing review of overall situation in regards to non-opioid means of pain control. There should also be documentation of whether the opioid is a contributing to an overall improvement in function; again no documentation. Therefore, the request for Morphine Sulfate is not medically necessary.