

Case Number:	CM13-0052793		
Date Assigned:	12/30/2013	Date of Injury:	06/12/2008
Decision Date:	06/25/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/16/2013

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, midback, upper back, and low back pain reportedly associated with an industrial contusion injury of June 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy over the life of the claim; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of November 1, 2013, the claims administrator approved electrodiagnostic testing of the upper and lower extremities, pain management consultation, Lortab, oral ketoprofen, spine specialty consultation, and laboratory testing. Six sessions of chiropractic manipulative therapy were partially certified while laboratory testing to include a CBC, renal function testing, hepatic function testing was denied. Omeprazole was also partially certified. The attending provided stated there was insufficient documentation to support usage of CBC and therefore denied the medication panel, although, somewhat incongruously, the utilization reviewer did document the applicant's usage of oral ketoprofen. The applicant's attorney subsequently appealed. In an October 22, 2013 progress note, the applicant presents with multifocal 4-7/10 shoulder, elbow, hip, knee, elbow, and hand pain. The applicant had reportedly gained 75 pounds and now weighed a total of 300 pounds. Tenderness and limited range of motion were noted of multiple body parts. The applicant was placed off of work, on total temporary disability. Splinting was sought. Aquatic therapy, manipulative therapy, and physical therapy were suggested. There was no mention of issues related to reflux or heartburn mentioned on this note. In an applicant questionnaire, seemingly dated November 15, 2013, the applicant did describe issues of weight gain, pain, fatigue, difficulty sleeping, decreased vision, weakness, tingling, spasm, depression, pain, anxiety, and

heat intolerance. There was no mention of reflux, heartburn, or dyspepsia, however. The applicant was receiving chiropractic manipulative therapy as recently as October 29, 2013, it is further noted. The applicant was again described as totally disabled on September 10, 2013. The applicant reported 10/10 pain. The applicant was placed off of work, on total temporary disability, for an additional four weeks. There was again no mention of issues with reflux, heartburn, or dyspepsia on this note. In an applicant questionnaire of October 22, 2013, the applicant, through preprinted checkboxes, specifically denied any issues with an intestinal disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OMEPRAZOLE 20MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK TOPIC Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any recent progress note or applicant questionnaire. Accordingly, the request is not certified, on Independent Medical Review.

8 SESSIONS OF CHIROPRACTIC MANIPULATION FOR THE CERVICAL/THORACIC/LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION TOPIC Page(s): 58-60.

Decision rationale: As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of chiropractic manipulative therapy can be supported in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work, in this case, however, the applicant has not achieved and/or maintained successful return to work status with earlier unspecified amounts of chiropractic manipulative therapy. The applicant is off of work, on total temporary disability, implying that the earlier manipulative therapy was unsuccessful. It is further noted the attending provider has sought manipulative therapy for multiple body parts for which manipulation is not

recommended. For example, the applicant reports pain about the forearm, wrist, hand, and knee. Manipulative treatment is not recommended for any of these body parts, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. For all of the stated reasons, then the request is not medically necessary.

MED PANEL TO INCLUDE RENAL AND LIVER FUNCTION TESTS ONLY:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST AND ADVERSE EFFECT TOPIC Page(s): 70.

Decision rationale: As noted in the California MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes CBC and chemistry profile to include the proposed renal and hepatic function testing. In this case, the applicant is reportedly using oral ketoprofen, an NSAID. Intermittent laboratory testing is therefore indicated and appropriate, to ensure that the applicant's present hematologic function, renal function, and hepatic function are compatible with prescribed medications. The request is medically necessary.