

Case Number:	CM13-0053528		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2011
Decision Date:	03/21/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 Family Practice 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 patient is a 57-year-old female who reported injury on 12/12/2011. The mechanism of injury was not provided. The most recent physical examination revealed the patient had completed physical therapy. The patient's neck pain was the same. The medications were noted to help, and the patient requested refills and advised the physician she would like to try acupuncture. Objectively, the patient was noted to have normal reflex, sensory, and power testing to the bilateral upper and lower extremities, except for mild weakness and numbness at C6-7. The patient had decreased left biceps and triceps reflexes. The patient had a normal gait. The patient had positive cervical tenderness. The patient had decreased range of motion of 25% in the cervical spine. The patient had an equivocal Lhermitte's and Spurling's sign. The patient's diagnoses were noted to be musculoligamentous sprain/strain cervical spine, HNP C5-6 and C6-7, along with right lateral epicondylitis. The request was made for refills of naproxen, Protonix, Fexmid, tramadol, Menthoderm, and an acupuncture trial biweekly x4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

A trial of acupuncture for the cervical spine (8 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments. Clinical documentation submitted for review failed to indicate the patient's pain medication would be reduced or was not tolerated, and it failed to indicate the patient would be using acupuncture as an adjunct to physical rehabilitation. Additionally, the request for 8 visits exceeds California Guidelines in regards to the time to produce functional improvement. Given the above, the request for acupuncture trial to the cervical spine is not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-70.

Decision rationale: California MTUS Guidelines recommend that NSAIDs are appropriate as an option for short-term symptomatic relief of back pain, and they are recommended at the lowest effective dose and for the shortest duration of time consistent with the patient's individual treatment goals. It was stated that the medication helped. It was further indicated the patient's pain remained at 5/10 to 6/10. There was a lack of documentation of the objective functional benefit of the medication. Given the above, the request for naproxen 550 mg twice a day #90 is not medically necessary.

Menthoderm ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105.

Decision rationale: California MTUS Guidelines support the use of topical salicylates. Menthoderm ointment is a topical salicylate. There was a lack of documentation of objective findings to support the use of the medication. Given the above, the request for Menthoderm ointment 120 mL twice a day is not medically necessary.

Pantoprazole 20mg #60: Upheld

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

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

Decision rationale: Clinical documentation submitted for review failed to provide the patient had documented efficacy of the requested medication. It was indicated that the patient had developed GI effects from the medication. It was stated that the medication helped, but there was a lack of a qualitative way the medication helped. Given the above, the request for pantoprazole 20 mg #60 twice a day is not medically necessary.