

Case Number:	CM13-0056085		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2002
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 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 patient is a 68-year-old male who reported an injury on 08/16/2002 due to cumulative trauma while performing normal job duties. The patient's most recent clinical documentation noted that the patient had stable symptoms with pain rated at a 5/10 responsive to medications. A physical examination of the elbows included tenderness to palpation of the bilateral elbows with a negative bilateral Tinel's sign. Physical examination of the bilateral shoulders documented that there was tenderness to palpation of the shoulders with a positive impingement sign and restricted range of motion. Physical findings of the cervical spine documented restricted range of motion secondary to pain with a positive Spurling's sign to the right. It was noted that the patient had decreased sensation to light touch over the right 1st through 4th digits. The patient's diagnoses included bilateral shoulder strain, status post right shoulder surgery, right cervical radiculopathy, upper thoracic strain, and secondary depression and anxiety due to chronic pain. The patient's treatment recommendations included continuation of medications, physical therapy with massage, splinting of the bilateral elbows, continuation in a home exercise program, and continued psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Physical Therapy with massage for bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Massage Therapy Page(s): 98-99, 60.

Decision rationale: The requested Physical Therapy with massage for bilateral shoulders is not medically necessary or appropriate. Due to the age of the injury, it would be expected that the patient has received previous physical therapy. The Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines recommend patients transition into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does indicate that the patient is participating in a home exercise program. Therefore, 1 to 2 visits would be appropriate for this patient to reassess and re-educate the patient with an effective home exercise program. However, the request is open-ended and does not clearly define an intended duration of treatment or treatment goals. Additionally, the request includes massage therapy. The guidelines recommend 3 to four visits of massage therapy as appropriate for patients requiring this type of intervention. The request as it is written is open ended and does not clearly define the intended duration of treatment and treatment goals. Therefore, the medical necessity cannot be established. As such, the requested Physical Therapy with massage for bilateral shoulders is not medically necessary or appropriate.

The request for Tylenol #3 qty. 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids and Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Tylenol #3 Qty. 60 is not medically necessary or appropriate. Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines recommends that opioids used in the management of chronic pain be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is monitored for aberrant behavior. Additionally, the clinical documentation fails to provide a quantitative assessment of pain relief or documentation of functional benefit resulting from medication usage. Therefore, the efficacy of this medication cannot be determined. As such, the requested Tylenol #3 Qty. 60 is not medically necessary or appropriate.

The request for naproxen sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and.

Decision rationale: The requested Naproxen sodium 550 mg is not medically necessary or appropriate. The Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines does recommend the use of non-steroidal anti-inflammatory drugs in the management of chronic pain. However, the guidelines recommend the continued use of medications in the management of chronic pain be supported by an assessment of pain relief and documentation of functional benefit. The clinical documentation fails to provide a quantitative assessment of pain relief to support the efficacy and continued use of this medication. Additionally, there is no documentation of functional benefit related to medication usage. As such, the requested Naproxen sodium 550 mg is not medically necessary or appropriate.

The request for omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The requested Omeprazole 20 mg is not medically necessary or appropriate. The Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines recommends the use of gastrointestinal protectants as appropriate for patients at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support the patient is at risk for developing gastrointestinal disturbances related to medication usage. Therefore, the need for this medication is not established. As such, the requested Omeprazole 20 mg is not medically necessary or appropriate.

The request for Cymbalta 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antidepressants for chronic pain Page(s): 60 and 13.

Decision rationale: The requested Cymbalta 60 mg is not medically necessary or appropriate. The Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of antidepressants as a first line option in the treatment of chronic pain. However, the guidelines recommend that any medication used in the management of chronic pain be supported by documentation of functional benefit and an assessment of pain relief. The clinical documentation submitted for review fails to provide an assessment of pain relief. Additionally, there is no documentation of functional benefit related to medication usage. Therefore, continued use of this medication would not be indicated. As such, the requested Cymbalta 60 mg is not medically necessary or appropriate.

The request for trazodone 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antidepressants.

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

Decision rationale: The requested Trazodone 50 mg is not medically necessary or appropriate. The Chronic Pain Medical Treatment and Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the extended use of benzodiazepines in the treatment of chronic pain as there is a significant risk for psychological and physiological dependence. The request as it is written does not specifically identify a treatment duration or frequency. Therefore, there is no way to determine the safety and appropriateness of this medication. As such, the requested Trazodone 50 mg is not medically necessary or appropriate.