

Case Number:	CM13-0059571		
Date Assigned:	12/30/2013	Date of Injury:	10/01/2007
Decision Date:	04/01/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 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 48-year-old female who was injured on 10/01/2007. The mechanism of injury is unknown. The treatment history included home exercise program, physical therapy, which was noted to be helpful for reducing pain and improved function, chiropractic treatment, injection, and massage. The medications include Norco, Naproxen, Flexeril, Flector/Lidoderm patches, Nucynta, Gabapentin, Toradol, Soma, and Xanax. An MRI of the cervical spine dated 06/15/2013, with a conclusion of: Small posterior central disc protrusion at C4-5 level. There is focal right foraminal disc protrusion at C5-6 level, which resulted in mild to moderate right neural foramen narrowing and impingement of the nerve roots. There is focal posterior central disc protrusion at C6-7 level. There is a probable benign hemangioma within the T2 vertebral body. There is possibly a soft tissue nodule within the left submandibular gland and clinical correlation, as well as further work-up is suggested. A psychological testing report on 04/04/2013 concluded that the patient's psychological condition has reached a permanent and stationary status. A clinic note dated 04/24/2013, documented the patient to have complaints of left arm feeling weaker lately, and awakens her at night with pain. The objective findings on exam indicated that the patient was alert and cooperative and in no acute distress. The extremities revealed strength within normal limits bilaterally. Sensation was intact bilaterally. She recently had renal function tests within normal limits. A clinic note dated 06/04/2013, documented the patient with no major pain exacerbations or changes to health status. The patient was getting fair relief from the medications. The objective findings included: alert and oriented and in no acute distress. Pupils equal and react to light. A clinic note dated 07/01/2013, documented that the patient had a good stable month from pain standpoint. There were no major changes to the health status. The objective findings included: Gait not antalgic; No acute distress; Pupils equal and react to light; and alert and oriented. A clinic noted dated 08/02/2013,

documented no major changes to report. The patient feels that the current medications promote adequate relief. The patient denies exacerbations or health status changes. A clinic note dated 09/06/2013, documented that the patient is doing pretty well lately, and reports stable pain control. There were no major changes, complaints or requests. The objective findings included: Alert and oriented and in no acute distress; Pupils are equal and react to light; Gait not antalgic; and in no acute distress. A clinic note dated 10/16/2013, documents that the patient experiences headaches, due to her pain, neck pain, scapular pain, stress and exertion. The pain is increased with prolonged or repetitive use of the left arm or use with force. The pain is relieved with rest, pain medication and performing a home exercise program. The pain often awakens the patient from sleep. The patient describes constant pain in her left shoulder/scapula, which varies in intensity. The pain radiates into her neck and over and around to the left scapula. She has numbness, tingling, burning and fatigued feeling in her left arm. Weakness is noted of her left arm. The pain increases with prolonged sitting, standing, and walking. The pain is relieved with rest, chiropractic treatment, and pain medication. The objective findings include: Patient's weight 188 lbs. A physical examination of the left shoulder reveals tenderness to palpation over the inferior and posterior aspects of the left shoulder. The range of motion is reduced. There was decreased sensation noted to light touch over the left hand. An examination of the thoracolumbar spine reveals tenderness to palpation over the left parascapular and parathoracic areas with scapulothoracic asymmetry. The patient was diagnosed with: 1) Cervical spine chronic strain; 2) Cervical spine myofascitis; 3) Left-sided scapular winging; 4) Left shoulder strain; 5) Left parascapular myofascitis; 6) History of low back pain; 7) Tachycardia; 8) Hypertension; 9) Sleep disorder; and 10) Stress, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder two (2) times a week for six (6) weeks: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines indicate that physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This patient was diagnosed with neck and left shoulder strain/myofasciitis. A note dated 10/16/2013, indicates that she has been paying out of pocket for physical therapy twice a week and performing a home exercise program once a week, which was beneficial, but for financial reasons she had to cut back to once a week and her symptoms increased. The provider has requested twelve (12) sessions of physical therapy; however, there is no documentation of the total number of visits she previously completed. Also, there is no objective functional improvement or reduction in pain level documented from the prior physical therapy sessions. Also, the guidelines recommend nine to ten (9-10) visits over eight (8) weeks of physical therapy for myalgia and myositis and the request for twelve (12) sessions of physical therapy to the left shoulder exceeds the guidelines recommendation and hence the request is non-certified.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain), Page(s): 29, 63-65.

Decision rationale: The Chronic Pain Guidelines indicate that Carisoprodol (Soma) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). The records reviewed indicate that this patient has been prescribed this medication at least since February 2013, and appears to be using it on an ongoing basis. The requested Soma does not meet the guidelines recommendation and weaning process is required. The request is therefore non-certified.

Gabapentin: 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-epilepsy drugs (AEDs), Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-19.

Decision rationale: The Chronic Pain Guidelines indicate that gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first-line treatment for neuropathic pain. However, this patient appears to have chronic neck and left shoulder strain/myofascitis, and there is no documentation of neuropathic pain. Thus, the request is non-certified.

Naproxen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, NSAIDs, page 47

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. The guidelines also indicate that NSAIDs are recommended as an option for short-term symptomatic relief for chronic lower back pain. In this case, this patient has been prescribed this medication at least since February 2013, and thus the request for continued use of Naproxen is not medically necessary and is non-certified.

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The Chronic Pain Guidelines indicate that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants, such as Amitriptyline. Cyclobenzaprine is more effective than a placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Cyclobenzaprine is not recommended to be used for longer than two to three (2-3) weeks. In this case, a provider's report dated 10/16/2013, indicates that the patient has been taking Flexeril, but it is unclear for how long she has been taking this medication. Therefore, the request for Flexeril is non-certified.