

Case Number:	CM13-0063522		
Date Assigned:	03/24/2014	Date of Injury:	03/13/2012
Decision Date:	06/30/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 patient is a 58-year-old female who has submitted a claim for myoligamentous strain of cervical spine, compression contusion of right shoulder, myoligamentous strain of lumbar spine, compression contusion of right greater trochanteric area with greater trochanteric bursitis, inflammatory process of right knee associated with an industrial injury date of March 13, 2012. The patient complains of moderate, intermittent pain of the right side of the neck aggravated by movement to the ipsilateral side. There is also a new onset of pain in the right upper arm. Physical examination limitation of motion and tenderness of the cervical spine. The diagnoses include myoligamentous strain of cervical spine; compression contusion of right shoulder; status post right shoulder arthroscopic surgery 2002 due to prior injury; carpal tunnel syndrome by history; myoligamentous strain of lumbar spine; compression contusion of right greater trochanteric area with greater trochanteric bursitis; and inflammatory process of right knee, rule out internal derangement. Treatment plan includes continued home use of H-wave, omeprazole, cyclobenzaprine and right elbow brace. The treatment to date has included oral analgesics, activity modification, H-wave, physical therapy and injections for the right shoulder and shoulder surgery. The utilization review from November 18, 2013 denied the request for right elbow brace because there were no symptoms or exam findings documenting any issue with this area; continue H-wave because there is no indication as to where the device is used, and no documentation of pain reduction or objective functional improvement from its use; omeprazole because no risk for upper GI side effects are noted, and no GI symptoms or diagnoses are provided; and cyclobenzaprine because there is no indication of muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT ELBOW BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Elbow Chapter, Splinting

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guideline was used instead. ODG recommends splinting for cubital tunnel syndrome. No definitive conclusions can be drawn concerning the effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splinting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. In this case, there were no elbow complaints noted from the medical records submitted. There is no clear rationale for its use. The medical necessity has not been established. Therefore, the request for Right Elbow Brace is not medically necessary.

CONTINUE H-WAVE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Page(s): 117,118.

Decision rationale: The page 117-118 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that H-wave stimulation (HWT) may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration. A one-month HWT trial is supported to permit the documentation of the effects, benefits, how often the unit was used, as well as the outcomes in terms of pain relief and function. In this case, the patient has been using an H-wave unit. However, there was no documentation of overall pain improvement and functional gains from its use. There is no indication for continued use due to lack of information. Therefore, the request for continue H-Wave is not medically necessary.

OMEPRAZOLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDS, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who have gastrointestinal symptoms or are at risk for gastrointestinal events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, there were no complaints of of adverse gastrointestinal symptoms nor does the patient have any of the risk factors listed. Therefore, the request for Omeprazole is not medically necessary.

CYCLOBENZAPRINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexer).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Page(s): 63-66.

Decision rationale: As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, there was no documented exacerbation of pain or muscle spasm. There is no indication for its use at this time. Moreover, the dosage and the amount to dispense were not specified. Therefore, the request for Cyclobenzaprine is not medically necessary.