

Case Number:	CM13-0064906		
Date Assigned:	01/03/2014	Date of Injury:	01/03/2005
Decision Date:	04/04/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 33-year-old male who reported an injury on 1/30/05. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical discogenic pain, cervical degenerative disc disease, cervical retrolisthesis, chronic left shoulder subacromial impingement, left shoulder posterior labrum tear, and left shoulder humeral bone cyst. The patient was seen by [REDACTED] on 11/7/13. Physical examination revealed positive shoulder depression testing, limited range of motion of the cervical spine, and 5/5 motor strength in bilateral upper extremities. Treatment recommendations included a home traction unit as well as continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 120 Anexsia 7.5/325mg, 1-2 by mouth every 6 hours with a maximum of 5 tablets a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82..

Decision rationale: The California MTUS guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. The patient continues to demonstrate limited range of motion and positive shoulder depression testing. Satisfactory response to treatment has not been indicated by an increase in function or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

The request for 120 Prilosec 20mg, 1 one to two times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

The request for 120 Soma 350mg, 1 every 6-8 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66, 124.

Decision rationale: The California MTUS guidelines state that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Soma should not be used for longer than 2-3 weeks. As per the documentation submitted, the patient has continuously utilized this medication. There is no evidence of palpable muscle spasm, muscle tension, or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request is non-certified.

The request for a home traction unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California MTUS/ACOEM practice guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis, but should be monitored closely. Therefore, the current request for purchase of a home traction unit cannot be determined as medically appropriate. Additionally, the patient's physical examination only revealed limited range of motion. Based on the clinical information received, the request is non-certified.