

Case Number:	CM13-0070998		
Date Assigned:	01/08/2014	Date of Injury:	10/03/2012
Decision Date:	04/28/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/27/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 31-year-old female who reported an injury on 10/03/2012. The mechanism of injury involved a fall. The patient is currently diagnosed with backache, hip enthesopathy, and joint pain in the upper extremity. The patient was seen by [REDACTED] on 12/12/2013. The patient reported 6/10 pain with poor sleep quality. Physical examination on that date revealed restricted cervical range of motion, positive Spurling's maneuver, restricted lumbar range of motion, paravertebral muscle tenderness, and negative lumbar facet loading maneuver. Treatment recommendations at that time included physical therapy, authorization for a cervical epidural steroid injection, and continuation of current medications, including Unisom, Lidoderm, Neurontin, Norflex, Zipsor, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine pages 98-99 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Web version for Physical Therapy (PT)

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

Decision rationale: California MTUS Guidelines state active therapy 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. Additionally, there was no evidence of a significant musculoskeletal or neurological deficit upon physical examination. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Cervical epidural steroid injection at C7-T1 level: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There was no evidence of radiculopathy upon physical examination. There were no imaging studies or electrodiagnostic reports submitted for review. There is no evidence of an unresponsiveness to conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Unisom sleep aid 25mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web, Pain section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. There is no evidence of chronic insomnia. There is also no documentation of a failure to respond to nonpharmacologic treatment as recommended by Official Disability Guidelines. Therefore, the request is non-certified.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of first line therapy. As per the documentation submitted, the patient has utilized Lidoderm 5% patch since at least 07/2013. There is no documentation of neuropathic or localized peripheral pain. There is also no documentation of a failure to respond to first line therapy. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Neurontin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. There is no evidence of neuropathic pain upon physical examination. There is also no documentation of objective improvement as a result of the ongoing use of this medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The patient has utilized Norflex 100 mg since at least 07/2013. The patient continues to report 6/10 pain. There is no evidence of palpable muscle spasm or muscle tension upon physical examination. Guidelines do not recommend long term use of this medication. Therefore, the request is non-certified.

Zipsor 25 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66 & 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. There is no evidence of long term effectiveness for pain or function. There is no documentation of objective improvement as a result of the ongoing use of this medication. The patient continues to report 6/10 pain with poor sleep quality. There is also no evidence of a failure to respond to first line treatment with acetaminophen. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor 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 a 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.