

Case Number:	CM13-0072516		
Date Assigned:	01/17/2014	Date of Injury:	03/06/2013
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/31/2013

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 Interventional Spine 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 37 year-old female who reports a cumulative trauma and psych injury on 3/16/13. She began work about 11 months prior as a receptionist for a dental office. She has been diagnosed with cervical sprain; cervical radiculopathy; lumbar sprain; lumbar radiculopathy; C5/6 and C6/7 and L4/5 disc protrusions; myalgia; back spasms; headaches; anxiety; stress; and depression. According to the 11/16/13 plastic surgery report from [REDACTED], the patient presents with 8/10 neck and back pain, radiating to both upper and lower extremities.; frequent debilitating headaches and stress and anxiety secondary to pain. The plan was to continue HEP, refill Naproxen, Omeprazole; Percocet; continue with weight loss program and moist heat treatment. On 12/11/13 UR recommended against the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CONTINUE WITH HOME EXERCISE PROGRAM INCLUDING [REDACTED] BETWEEN 10/19/2013 AND 1/23/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Exercise Page(s): 46-47.

Decision rationale: The patient presents with chronic neck and back pain. I have been asked to review for the home exercise program including [REDACTED]. The request does not state it is for a gym membership or list concerns about access to [REDACTED]. Chronic Pain Medical Treatment Guidelines does support a home exercise program. The request as presented before me is in accordance with Chronic Pain Medical Treatment. Therefore is medically necessary.

1 REFILL NAPROXEN 55MG BETWEEN 10/19/2013 AND 1/23/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with chronic neck and back pain. The physician has requested to continue with Naproxen 550mg. Chronic Pain Medical Treatment Guidelines states anti-inflammatory medication is first line treatment for chronic pain, and states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of anti-depressants in chronic LBP" The request for Naproxen in accordance with MTUS guidelines. Therefore is medically necessary.

1 REFILL OMEPRAZOLE 20MG BETWEEN 10/19/2013 AND 1/23/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Proton Pump Inhibitors.

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

Decision rationale: The patient presents with chronic neck and back pain, headaches and psych issues. Omeprazole. [REDACTED] reports on omeprazole refills state "This medication has relatively low side effect and low risk for addiction compared to other narcotics". There is no discussion of the Chronic Pain Medical Treatment Guidelines risk factors for GI events that would allow for use of Omeprazole on a prophylactic basis. The patient is reported to be using Naproxen, but there is no mention of any dyspepsia from use of NSAIDs. The initial report from [REDACTED] on 3/27/13 does not mention history of ulcer or GI issues. The use of Omeprazole is not appear in accordance with Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary.

50 PERCOCET 7.325MG BETWEEN 10/19/2013 AND 1/23/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: The patient presents with chronic neck and back pain, headaches and psych issues. The initial report dated 3/27/13 from [REDACTED], the patient claims stress from her job caused her to develop alcohol dependency. I have been asked to review for continued use of Percocet. The earliest report from [REDACTED] is dated 5/8/13, and shows the patient had 8-9/10 neck and back pain, and Norco was trialed. The next report is dated 5/25/13 and the patient had 9/10 pain and [REDACTED] first prescribed Percocet. The follow-up report on 6/22/13 still shows 9/10 pain, without discussion of efficacy of Percocet, but the medication was refilled. On 7/27/13 the patient continues with 8-9/10 pain. The patient's Percocet was refilled on each visits from 5/25/13 through 11/16/13, and the pain levels remained 8-9/10, and there is no discussion of efficacy of Percocet. Chronic Pain Medical Treatment Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". Chronic Pain Medical Treatment Guidelines on page 8 states, "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Percocet. Chronic Pain Medical Treatment Guidelines does not recommend continuing treatment if there is not a satisfactory response. Therefore the request is not medically necessary.

1 CONTINUE WEIGHT LOSS PROGRAM BETWEEN 10/19/2013 AND 1/23/2014:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alternate Guidelines Consulted

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Pain Outcomes and Endpoints Page(s): 8-9 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Aetna Clinical Policy Bulletin: Weight Reduction Medications and Programs

Decision rationale: The patient presents with chronic neck and back pain, headaches and psych issues. I have been asked to review a continued weight loss program. The initial report dated 3/27/13 from [REDACTED] does not list the height or weight. The 5/8/13 report from [REDACTED] shows the patient as 5'2" and 195 lbs. but there is no discussion of a weight loss program. The reports from [REDACTED] form 5/8/13 through 11/16/13 record the patient's weight as 195 lbs. The 9/21/13 report is the first report that mentions weight loss, stating "The patient is encouraged to continue weight loss program". The follow-up report on 11/16/13 shows the weight identical at 195 lbs. There is no indication that the patient gained weight as the result of the injury, and no

indication of the type of weight loss program the patient is reported to be attending, However, there is evidence that the weight loss program is not effective as the patient's weight remains the same despite 8 weeks of the program. Chronic Pain Medical Treatment Guidelines on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" There is no weight reduction with the weight loss program. Chronic Pain Medical Treatment Guidelines does not recommend continuing treatment that is ineffective. Therefore the request is not medically necessary.

1 CONTINUE MOIST HEAT TREATMENT BETWEEN 10/19/2013 AND 1/23/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 162.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints Page(s): 8-9 of 127.

Decision rationale: The patient presents with chronic neck and back pain, headaches and psych issues. I have been asked to review for continued moist heat treatment. There is no change in the patient's pain levels from 5/8/13 through 11/16/13. There is no discussion of efficacy of moist heat treatment, or duration or frequency of the treatment. Chronic Pain Medical Treatment Guidelines on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" There is no mention of functional improvement, and no decreased pain levels or improved quality of life with the moist heat treatment. Chronic Pain Medical Treatment Guidelines does not recommend continuing treatment if there is not a satisfactory response. Therefore the request is not medically necessary.