

Case Number:	CM14-0006171		
Date Assigned:	03/03/2014	Date of Injury:	04/27/1999
Decision Date:	06/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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 Neurosurgery 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 injured worker is a 61 year old female who sustained an injury on 04/27/99. No specific mechanism of injury was noted. The injured worker was followed for complaints of pain in the right upper extremity with numbness in the hands bilaterally. The injured worker was seen on 10/14/13 with continuing complaints of right upper extremity and pain in the right calf and associated numbness in the hands reported as severe. On physical examination no sensory deficits were identified. Overall the exam noted some tenderness in the bilateral forearms. No other specific findings were noted. The injured worker was prescribed Nadolol 80mg once daily, omeprazole once daily, Etodolac 400mg once to twice a day, gabapentin 100mg two to three times per day, and Voltaren gel. The injured worker was also referred for chiropractic therapy at this visit. The injured worker was seen on 02/12/14 for a new injured worker evaluation. The injured worker continued to report bilateral hand pain with associated numbness and tingling and neck pain and low back pain. The injured worker indicated that she had not had any therapy for more than four years and had been using pain medications. At this visit medications included gabapentin, Nadolol, Nortriptyline, omeprazole, and other unrelated medications. On physical examination the injured worker demonstrated antalgic and slowed gait that was stooped over and wide based. There was paravertebral musculature spasms and tenderness to palpation with noted trigger points. Tinel signs were positive in the wrists bilaterally. Dyesthesia was noted over the medial calf and medial forearms. At this evaluation the injured worker was recommended for physical therapy. The requested chiropractic therapy for six sessions, Nadolol 80mg quantity 90, and omeprazole 20mg was denied by utilization review on 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTOR X 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: When the injured worker presented on 10/14/13 she had multiple complaints including pain in the right upper extremity and right calf and numbness in the hands bilaterally. The injured worker indicated that she had been treated only with medications and had not had therapy in several years. Per guidelines chiropractic therapy as an initial trial of six sessions over a two week period can be indicated due to chronic pain secondary to musculoskeletal conditions. Given that the injured worker had not had any recent therapy for more than four years and remained symptomatic; she would have met the clinical indications for additional chiropractic therapy as a trial for six sessions when it was recommended in October of 2013. Therefore, the request is medically necessary.

OMEPRAZOLE 20MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

Decision rationale: There is no indication from the clinical documentation that the injured worker had any substantial side effects such as gastrointestinal upset or acid reflux due to oral medication regimens. There was no other clinical information supporting a diagnosis of active gastroesophageal reflux disease or other gastrointestinal issues that would have reasonably required the use of a proton pump inhibitor. Therefore, this request is not medically necessary.

NADOLOL 80MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Hypertension Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Corgard (Nadolol), (2013). In Physicians' Desk Reference 67th Ed.

Decision rationale: In regards to the use of Nadolol 80mg quantity 90, this would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. This medication is indicated for the long-term management of angina pectoris. The clinical documentation provided for review did not discuss any ongoing symptoms consistent with angina pectoris to support the use of this medication. As such, this request is not medically necessary.

PRAVASTATIN SODIUM 20MG (#90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes, Statins.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pravachol (Pravastatin), (2013). In Physicians' desk reference 67th ed.

Decision rationale: This medication is indicated for the management of hypercholesterolemia and associated development of atherosclerotic vascular disease. The clinical documentation provided for review did not discuss any ongoing issues with elevated lipids or risk factors for the development of atherosclerotic vascular disease to support the use of this medication. As such, this request is not medically necessary.