

Case Number:	CM14-0008806		
Date Assigned:	02/12/2014	Date of Injury:	03/25/2013
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 48-year-old male who has filed a claim for chronic pain syndrome associated with an industrial injury date of March 25, 2013. Review of progress notes indicates neck, low back, right rib, bilateral wrist, and right hip pain. The patient reports numbness and tingling of bilateral upper extremities and difficulty walking. Findings include decreased cervical range of motion, severely restricted right hip range of motion with tenderness over the right trochanteric bursa, positive Tinel's on the right wrist, positive Finkelstein test on the left, positive bilateral lumbar facet loading, tenderness of the right shoulder with positive impingement maneuver, and tenderness of the bilateral wrists throughout the distal extensor tendons. Treatment to date has included NSAIDs, opioids, ice and heat, muscle relaxants, Medrol dose pack, physical therapy, Methoderm, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT FOR SPARC MED FUNCTIONAL RESTORATION PROGRAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. Patients should be motivated to improve and return to work. Criteria for use of multidisciplinary pain management programs include an adequate and thorough multidisciplinary evaluation has been made, unsuccessful attempts with conservative treatment options, significant loss of ability to function independently due to the chronic pain, and the patient is not a surgical candidate. Negative predictors of success include a negative relationship with the employer, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain. In this case, there is no documentation regarding patient's desire to return to work, of multidisciplinary evaluation, or of failure of conservative treatment. Therefore, the request for consult for SPARCmed functional restoration program was not medically necessary.

IBUPROFEN UNKNOWN DOSAGE AND QUANTITY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (nonsteroidal anti-inflammatory drugs) Page(s): 67-69.

Decision rationale: As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least April 2013. However, progress notes since date of injury indicates use of several different NSAIDs, and latest progress notes indicates use of naproxen. It is unclear as to which NSAID the patient is using, or whether the patient is on two different NSAIDs at this time. Also, the dosage and quantity of this request are not specified. Therefore, the request for ibuprofen was not medically necessary.

UNKNOWN TRIGGER POINT INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally,

repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. In this case, there is no documentation of trigger points in the physical examination findings to support this request. The body part to which these injections are directed to is not specified. Therefore, the request for trigger point injections was not medically necessary.

CYMBALTA UNKNOWN DOSAGE AND QUANTITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRIs Page(s): 105.

Decision rationale: As noted on pages 15 and 105 of the CA MTUS Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since December 2013. Progress notes indicate that the patient experiences tinnitus with use of this medication and thus has stopped taking it. Also, the dosage and quantity of this request are not indicated. Therefore, the request for Cymbalta was not medically necessary.

2 BOTTLES OF METHODERM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Page(s): 105.

Decision rationale: Methoderm is composed of methyl salicylate and menthol. CA MTUS Chronic Pain Medical Treatment Guidelines state that topical salicylates are significantly better than placebo in chronic pain. The requesting physician notes that Methoderm reduces the patient's requirements for oral medications, especially as the patient is no longer on opiates. However, the quantity requested is not specified. Therefore, the request for 2 bottles of Methoderm was not medically necessary.