MAXIMUS Federal Services

Case Number:	CM14-0008865		
Date Assigned:	01/24/2014	Date of Injury:	05/17/2013
Decision Date:	06/12/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, 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 injured worker is a 40 year old male who reported an injury on 05/17/2013 due to an unknown mechanism. The clinical note dated 11/22/2013 indicated diagnoses of cervical spine sprain/strain, rule out herniated nucleus pulpous, right shoulder strain, rule out tendinitis, rotator cuff tear/impingement syndrome, left shoulder strain, rule out tendinitis, rotator cuff tear/impingement syndrome, mid back sprain/strain, cephalgia, lumbar spine sprain, rule out herniated nucleus pulpous and anxiety/depressive illness, post trauma. The injured worker reported neck pain. On physical exam, there was tenderness to palpation to the cervical spine with muscle spasms. The cervical spine range of motion revealed 30 degrees flexion and extension and 40 degrees left and right rotation. The injured worker's current medication regimen included Naproxen, Prilosec, Norco and Flexeril. The request for authorization was submitted on 11/22/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPHTHALMOLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 415-416.

Decision rationale: The request for opthamologist consutation is not medically necessary. The injured worker reported neck pain. The American College of Occupational and Environmental Medicine (ACOEM), recommends the initial assessment and diagnosis of injured worker's with potentially work-related eye complaints, identification of red flags that may indicate the presence of a serious underlying medical condition, initial management, diagnostic considerations, and special studies for identifying clinical pathology, work-relatedness, return to work in a full- or modified duty capacity, and further management considerations, including the management of delayed recovery. It is unclear why an opthamology consult would be indicated. The requesting physician did not include adequate documentation of findings upon assessment indicating the injured worker had deficits in the eye which would require referral. Therefore, per the guidelines, the request for opthamologist consutation is not medically necessary.

CONTINUE PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for continue physical therapy 2-3 times a week for 6 weeks is not medically necessary. The injured worker reported neck pain. The California MTUS guidelines recommend that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker may benefit from an at home therapy exercise program continuing his stretching, endurance and range of motion. There is lack of evidence of functional improvement from previous physical therapy treatment. It was unclear if the injured worker had deficits for which physical therapy would be indicated. Therefore, per the California MTUS guidelines the request for continue physical therapy 2-3 times a week for 6 weeks is not medically necessary.

PRILOSEC 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, NSAIDs, GI Symptoms & Cardiovascular Risk Page(s).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #60 is not medically necessary. The injured worker reported neck pain. The California Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The

guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did not indicate the injured worker had significant gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation; it did not appear the injured worker is at risk for gastrointestinal events. Therefore, per the CA MTUS guidelines, the request for Prilosec 20mg #60 is not medically necessary.

TRAMADOL ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Opioids, Specific Drug List Tramadol Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement Page(s): 89.

Decision rationale: The request for Tramadol ER #30 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation lacks evidence of this medication providing the desired effects for the injured worker including significant functional improvement. There was a lack of an adequate and complete pain assessment within the documentation.Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Tramadol ER #30 is not medically necessary.

FLEXERIL 7.5 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26, Antispasmodics Page(s): 64.

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

Decision rationale: The request for Flexeril 7.5mg #90 is not medically necessary. The injured worker reported neck pain. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing the desired effects for the injured worker. There is lack of evidence of NSAIDs being used as a first line treatment. Per the

provided documentation it appeared the injured worker has been utilizing the medication for an extended period of time. Therefore, per CA MTUS guidelines, the request for Flexeril 7.5mg is not medically necessary.