

Case Number:	CM14-0103650		
Date Assigned:	09/16/2014	Date of Injury:	07/31/2011
Decision Date:	10/16/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/05/2014

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 & Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 45-year-old individual was reportedly injured on July 31, 2011. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated May 32,014, indicated that there were ongoing complaints of right shoulder and low back pains. The physical examination demonstrated a hypertensive (148/99) individual who was noted not to be in acute distress. A decrease in range of motion of the shoulder was reported as well as a decreased range of motion of the lumbar spine. No other physical direction findings were reported. Diagnostic imaging studies are not noted in the narrative. Previous treatment included imaging studies, conservative care, and multiple pain management interventions. A request had been made for multiple medications, electrodiagnostic studies, back brace, and an MRI and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixty (60) Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 OF 127.

Decision rationale: This medication is a short acting opioid use for the management of controlling moderate to severe pain. The MTUS specifically notes that the lowest possible dose that increases functionality or decrease in pain symptomatology should be employed. However, when reviewing the past several progress notes, the pain levels are constant. There is no functional improvement, and there is no return to work. There is also no clinical indication to continue this medication, as it is noted, that efficacy has not been reached. The medical necessity cannot be established from the records presented for review. Therefore, the request is not medically necessary.

Thirty (30) Tramadol ER 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113 OF 127.

Decision rationale: This medication is a short acting, opioid use for the management of controlling moderate to severe pain. The MTUS specifically notes that the lowest possible dose that increases functionality or decrease in pain symptomatology should be employed. However, when reviewing the past several progress notes, the pain levels are constant. There is no functional improvement, and there is no return to work. There is also no clinical indication to continue this medication, as it is noted efficacy has not been reached. The medical necessity cannot be established from the records presented for review. Therefore, the request is not medically necessary.

Electromyography (EMG) study of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The record reflects there are complaints involving the shoulder and lumbar spine. There is no data, presented, suggesting a specific cervical nerve root compromise or dysfunction of the peripheral nerve roots. Therefore, based on the clinical information presented for review and by the parameters noted in the MTUS, there is no clear clinical indication presented that there is a compromise of a cervical nerve root. Therefore, this request is not medically necessary.

One (1) low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS/ACOEM practice guidelines do not support the use of a LSO or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The injured worker is currently not in an acute postoperative setting and there is no documentation of instability or spondylolisthesis with flexion or extension via plain radiographs of the lumbar spine. As such, this request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As outlined in the MTUS guidelines, such a study is recommended when there is acute pain with a progressive neurological deficit, significant trauma or some other reason to suspect a disc lesion. There is no data presented in the progress notes that would report this study. As such, this request is not medically necessary.

Sixty (60) Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (NSAIDs, GI symptoms).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

Decision rationale: This medication is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease. The most recent progress notes indicate complaints relative to shoulder and the low back and nothing relative to the gastrointestinal tract. There were no physical examination findings, and there were no diagnoses to suggest the need for this medication. As such, this request is not medically necessary.

Sixty (60) Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009): Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured worker's date of injury and clinical presentation, and the appearance that this is a chronic, indefinite long-term application of this medication, it is clear that the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Sixty (60) Naproxen 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 AND 73 OF 127.

Decision rationale: As recommended in the MTUS, there is support for non-steroidal anti-inflammatory medication for the treatment and relief of the signs and symptoms of osteoarthritis. There are physical examination findings of degenerative changes in the facet joints. However, there is no data presented to suggest that this medication has demonstrated any efficacy or utility in terms of reducing symptomatology or increasing functionality. As such, based on the clinical rationale presented for review, there is insufficient data to establish the medical necessity of this medication and that has failed to achieve its intended goals. As such, this request is not medically necessary.

Thirty (30) Remeron 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 13 OF 127.

Decision rationale: This is a tetracyclic antidepressant medication used in treating major depressive disorder. There is nothing in the progress notes to suggest a major depressive disorder. There are elements of stress and depression relative to the injury, but there is no objectification of such a diagnosis. Therefore, there is insufficient clinical information presented to support the medical necessity of this medication. As such, this request is not medically necessary.