MAXIMUS Federal Services

Case Number:	CM14-0011325		
Date Assigned:	02/21/2014	Date of Injury:	06/20/2007
Decision Date:	07/28/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/28/2014

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 52-year-old female who has filed a claim for lumbar sprain and strain associated with an industrial injury date of June 20, 2007. Review of progress notes indicates mild neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, and low back pain. Patient notes inability to grip forcefully or do repetitive work on the right, and occasional numbness in 1-4 digits on the left. Findings include slight tenderness over the cervical and lumbar musculature with decreased ranges of motion; and tenderness of bilateral AC regions of the shoulders, lateral aspects of both elbows, and over both wrists. MRI of the cervical spine dated June 19, 2013 showed disc bulge at C5-6 with mild-moderate left neuroforaminal narrowing, and spondylotic changes. Lumbar x-ray dated December 16, 2013 showed mild degenerative spondylosis at L5-S1.Treatment to date has included NSAIDs, opioids, amitriptyline, topical creams, cortisone injections to the hands/wrists, wrist bracing, physical therapy, and multiple right wrist surgeries. Utilization review from December 24, 2013 denied the requests for chiropractic and physical therapy (10 visits over a 5 week period) as there was no documentation of previous chiropractic sessions, and of the specific goals of therapy; naproxen 550mg BID as there was no documentation of efficacy; omeprazole as there was no documentation of GI complaints; Pennsaid as there was no documentation of osteoarthritis or efficacy of the medication; and Biofreeze and Sombra as there is no indication as to why two of the same type of medication is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC AND PHYSICAL THERAPY 2 TIMES A WEEK TIMES 5 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 : Manual therapy & manipulation; Physical Medicine Page(s): 58, 98-99.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is mention that the patient has had previous chiropractic therapy sessions, but no documentation describing the functional gains derived. Also, the body part to which these sessions are directed to is not indicated. Therefore, the request for chiropractic and physical therapy 2x5 was not medically necessary.

NAPROXEN SODIUM 550 MG ONE TABLET BID PRN FOR PAIN AND INFLAMMATION: 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 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 July 2010. There is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. The requested quantity is not specified. Therefore, the request for naproxen sodium 550mg was not medically necessary.

PENNSAID 1.3% 5 TO 10 DROPS TO EACH SIDE OF THE WRISTS BILATERALLY UP TO Q.I.D PRN: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Pennsaid).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. FDA indicates that Pennsaid topical solution contains diclofenac. It is used to treat pain in the knees caused by osteoarthritis. It may not be effective in treating arthritis pain elsewhere in the body. Patient has been on this medication since June 2013. In this case, the patient's multiple orthopedic complaints do not involve the knees to support the continued use of this medication. Therefore, the request for Pennsaid 1.3% was not medically necessary.

BIOFREEZE 6 OZ JAR TO BE APPLIED UP TO 4 TO 5 TIMES PER DAY TO AFFECTED AREAS: 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 Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Patient has been using Biofreeze since February 2013. There is no documentation of improvement of symptoms or functional improvement with use of Biofreeze. Also, there is no clear indication as to what additional benefits this menthol-containing topical gel has beyond opiates, which the patient is currently on. Therefore, the request for Biofreeze 6oz jar was not medically necessary.

SOMBRA CREAM 4-6 OZ JAR TO BE APPLIED LOCALLY PRN ALTERNATING WITH BIOFREEZE AND PENNSAID: 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 Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: Active ingredients of Sombra Warm Therapy Natural Pain Relieving Gel are camphor and menthol. California MTUS chronic pain medical treatment guidelines page 111 state that any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. It is unclear as to why two menthol-containing topical analgesics are indicated in this patient, as there was no documentation of improvement of symptoms or functional improvement with use of Biofreeze. Also, there is no clear indication as to the additional benefits menthol-containing topical analgesics have above and beyond opiates, which the patient is currently on. Therefore, the request for Sombra craem 4-6 oz jar was not medically necessary.

OMEPRAZOLE 20 MG 1 OR 2 DAILY AS MEDICALLY NECESSARY AND APPROPRIATE: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors includes age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since June 2013. There is no mention of recent upper GI symptoms, or of the risk factors outline above. The requested quantity is not specified. Therefore, the request for omeprazole 20mg was not medically necessary.