

Case Number:	CM14-0114716		
Date Assigned:	08/04/2014	Date of Injury:	06/21/2002
Decision Date:	09/12/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/22/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral shoulder pain reportedly associated with an industrial assault injury of June 21, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and a shoulder corticosteroid injection. In a Utilization Review Report dated July 14, 2014, the claims administrator approved request for Tizanidine and Norco while partially certifying request for Motrin and Neurontin. Aquatic therapy and Flector were denied outright. It was suggested that the applicant had retired from her former place of employment. The applicant's attorney subsequently appealed. In a July 1, 2014 progress note, it was suggested that the applicant had given up his job secondary to pain complaints. The applicant was given a 50% whole-person impairment rating, it was stated. Neck and shoulder pain were noted, moderate in severity. The applicant reported 7/10 pain with medications and 9/10 pain without medications. The applicant was unable to work or volunteer, even with medications. The attending provider stated that the applicant was able to get dressed by him and perform minimal activities at home with ongoing medication usage. The applicant's medication list included Zocor, Zestoretic, Sulfasalazine, Flector, Motrin, Neurontin, Norco, and Tizanidine. Multiple medications were refilled. Tizanidine was apparently endorsed on a trial basis. The applicant's gait was not described on this occasion. The applicant was described as having a normal gait, including normal heel and toe ambulation, it was stated. The applicant's BMI was 35; it was noted on this occasion. On May 1, 2014, the applicant again presented with multifocal neck and shoulder pain complaints. The applicant was using three Norco a day; seven Ibuprofen in a week, and three Gabapentin capsules daily. The applicant scored his pain at moderate to severe. The applicant stated that he was able to do household chores with

medications and again reported 6/10 pain with medications versus 8/10 pain without medications. The applicant stated that he could do simple activities with the medications in question, it was suggested. Laboratory testing of May 5, 2014 was notable for an elevated creatinine of 1.46, elevated bicarbonate of 31, and diminished GFR of 49.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY QUANTITY REQUESTED: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic, Physical Medicine topic Page(s): 22,99.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant is described as having a normal gait. There is no evidence that the applicant has a condition or conditions for which reduced weight bearing would be desirable. It is further noted that the 12 session course of treatment sought by the attending provider, represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgia's and myositis of various body parts, the issue present here. For all of the stated reasons, the request for 12 aquatic therapy visits is not medically necessary.

FLECTOR PATCHES 1.3% QUANTITY REQUESTED: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Page(s): 112.

Decision rationale: Flector is a derivative of topical Voltaren/Diclofenac. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren/Diclofenac/Flector has not been evaluated for treatment for issues involving the hip, shoulder, and/or spine. In this case, the applicant's primary pain generators are, in fact, the bilateral shoulders and cervical spine, body parts which Flector has not been evaluated per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Motrin, Neurontin, etc., effectively obviates the need for the topical Flector Patch. Therefore, the request for Flector Patches is not medically necessary.

IBUPROFEN 800 MG (QUANTITY REQUESTED INCLUDES 4 REFILLS) QUANTITY REQUESTED: 450.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications (NSAIDs) Page(s): 22,59.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that all NSAIDs are relatively contraindicated in applicants with renal insufficiency. In this case, the applicant does, in fact, have renal insufficiency as evinced by laboratory testing of May 5, 2014, notable for creatinine of 1.46 with diminished GFR of 49. Ongoing usage of Ibuprofen at the rate, frequency, and overall amount (450 tablets) proposed by the attending provider does not, thus, appear to be indicated here. It is further noted that the applicant's failure to return to any form of work and continued complaints of pain as high as 7/10, despite ongoing usage of Ibuprofen, likewise suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same and does not make a compelling case to continue the same in the face of the applicant's issues with renal insufficiency. Therefore, the request for Ibuprofen 800mg is not medically necessary.

NEURONTIN 300 MG (QUANTITY REQUESTED INCLUDES 4 REFILLS) QUANTITY REQUESTED: 450.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin or Neurontin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, the applicant's reported diminution of pain scores from 9/10 without medications to 7/10 with medications appear marginal to negligible at best and is outweighed by the applicant's failure to return to any form of work and difficulty performing even basic activities such as household chores. Therefore, the request for Neurontin 300mg is not medically necessary.