

Case Number:	CM14-0114774		
Date Assigned:	08/04/2014	Date of Injury:	09/27/2012
Decision Date:	10/03/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 & Rehabilitation 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 44-year-old male who has submitted a claim for left shoulder impingement with rotator cuff strain and bicipital tendinitis, lateral epicondylitis on the left, flexor carpi radialis synovitis on the right with inflammation at the carpometacarpal and scaphotrapezoid-trapezial joint, stenosing tenosynovitis from long finger on the left, associated with an industrial injury date of September 27, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 08/04/2014, showed pain in the right elbow, wrist, and shoulder even with little repetitive type motion. The use of Diclofenac caused increased GERD. Past medical history revealed hypertension. Physical examination revealed tenderness across the cervical, thoracic, and lumbar paraspinal muscles. There was weakness against resistance with shoulder abduction. There was pain along rotator cuff and bicep tendon. Treatment to date has included unspecified number of sessions of aqua therapy, physical therapy, injections, hot/cold modalities, TENS, and medications such as Ultracet 37.5/325mg prescribed June 2014 and Diclofenac 100mg as early as December 2013. Utilization review from 07/14/2014 denied the retrospective request for the purchase of Ultracet 37.5/325mg #60 on 06/30/2014 because the medication caused an upset stomach and affected his functioning during the day. The retrospective request for the purchase of Diclofenac 100mg #30 on 06/30/2014 was denied because the provider continued to prescribe this medication despite the patient's blood pressure escalation. The request for 12 sessions of aquatic therapy was denied because the need to decrease the effects of gravity on the rehabilitation process did not appear to be medically necessary in this patient's case. The request for MRI of the cervical spine was denied because there was no recent quantitative objective test confirming radiculopathy nor did the patient show any recent signs of significant neurological deficit or other recent or new suspicious objective findings that would warrant advanced imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ultracet 37.5/325 mg #60 (DOS 6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient was prescribed Ultracet 37.5/325mg in June 2014 because of nausea with Tramadol 50mg. However, the recent progress report showed no documentation of pain relief and improvement in functional activities. Guideline criteria were not met. Therefore the retrospective request for Ultracet 37.5/325 mg #60 (DOS 6/30/14) is not medically necessary.

Retrospective request for Diclofenac 100 mg #30 (DOS 6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: According to page 69 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. (Sustained blood pressure elevation in the elderly is associated with increases in hemorrhagic stroke, congestive heart failure and ischemic cardiac events.) The risk appears to be higher in patients with congestive heart failure, kidney disease or liver disease. In this case, the patient was on Diclofenac as early as December 2013. However, the recent progress report revealed the patient has a past history of hypertension and the recent BP was 152/103. Furthermore, the recent progress report cited increased GERD with this medication. There was no rationale for continuing the medication with the risks stated above. The medical necessity was not established. Therefore, the retrospective request for Diclofenac 100 mg #30 (DOS 6/30/14) is not medically necessary.

12 sessions of aquatic therapy: Upheld

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

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

Decision rationale: According to page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. According to page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home therapy. Recommendation is 9-10 visits over 8 weeks. In this case, the patient's BMI is 34.94 kg/m². The recent progress report revealed aqua therapy was restarted. However, there was no specification of the number of sessions of aqua therapy done. Moreover, the present request failed to specify the body part to be treated. Therefore the request for 12 sessions of Aquatic Therapy is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the recent progress report showed no clarification regarding neck pain. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. There is no clear indication for cervical spine MRI to be requested. Therefore, the request for MRI of the Cervical Spine is not medically necessary.