

Case Number:	CM14-0115975		
Date Assigned:	10/07/2014	Date of Injury:	11/29/2004
Decision Date:	11/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 68-year-old male who reported injury on 11/29/2004. The mechanism of injury was the injured worker tried to lift a slab of concrete that weighed approximately 20 pounds. The prior therapy included 24 sessions of physical therapy and medications. The injured worker was utilizing Ambien since 2012. The injured worker underwent a posterior and anterior cervical discectomy and fusion at C3 through C6 and at C6-7 and a cervical spine posterior fusion and extension anterior fusion at C6-7. The injured worker had hardware removal and fusion augmentation of the cervical spine on 01/24/2011. The injured worker's underwent x-rays of the cervical spine and an MRI of the cervical spine. The injured worker underwent EMG/NCV of the bilateral upper extremities. The documentation of 06/20/2014 revealed the injured worker had complaints of moderate frequent cervical pain with increased neck stiffness and muscle tenderness. The injured worker's medications were noted to be Tylenol #4 with Codeine, and naproxen 550 mg 1 by mouth twice a day, Prilosec 20 mg 1 twice a day #60, gabapentin 300 mg #120, Ambien 5 mg 1 at bedtime, fluoxetine 20 mg 1 daily and glucosamine 500 mg. The injured worker had a normal gait without an assistive device. The injured worker had tenderness to palpation over the cervical spinal muscles with decreased range of motion and muscle pain. The injured worker had decreased grip strength right greater than left 4/5 at the biceps and triceps bilaterally. The injured worker had decreased sensation in the left upper extremities C6-8 to light touch. Diagnoses included cervical radiculitis and cervical disc disease. The treatment plan included acupuncture for stiffness and tenderness and physical therapy for the cervical spine as well as Tylenol #4 one 3 times a day, Anaprox 550 mg 1 twice a day, Prilosec 20 mg twice a day, gabapentin 300 mg #120, Ambien 5 mg 1 at bedtime #30,

fluoxetine 20 mg 1 in the morning and glucosamine 500 mg. There was no Request for Authorization or documented rationale for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, one two times a day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for patients at intermediate or high risk for gastrointestinal events. Patient with no risk factors or cardiovascular disease do not require the use of proton pump inhibitors. The clinical documentation submitted for review failed to indicate the patient met the above criteria. The medication was a current medication. However the duration could not be established and there was a lack of documented efficacy for the requested medication. Given the above, the request for Prilosec 20 mg 1 tablet 2 times a day #60 is not medically necessary.

Ambien 5mg 1 at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ambien

Decision rationale: The Official Disability Guidelines indicate that Ambien is recommended for the short term treatment of insomnia for up to 6 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of objective functional benefit and a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Ambien 5 mg 1 at bedtime #30 is not medically necessary.

Physical therapy to cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for 8 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation indicating the quantity of sessions, the objective functional benefit and the remaining objective functional deficits to support the necessity for ongoing therapy. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for physical therapy to cervical spine is not medically necessary. There was a documented rationale for the request.

Acupuncture for stiffness and tenderness: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments. The clinical documentation submitted for review indicated the injured worker had pain. However, there was a lack of documentation indicating that the injured worker's pain medication was reduced or not tolerated. Additionally, the request as submitted failed to indicate the quantity of sessions being requested and the body part to be treated. Given the above, the request for acupuncture for stiffness and tenderness is not medically necessary.