

Case Number:	CM14-0136232		
Date Assigned:	09/03/2014	Date of Injury:	07/05/2013
Decision Date:	11/04/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 injured worker is a 37-year-old female with a reported date of injury on 07/05/2013. The mechanism of injury was noted to be cumulative trauma. Her diagnoses were noted to include right shoulder strain with mild acromioclavicular joint osteoarthritis and cervical discogenic disease with multilevel strain and myospasm. Her previous treatments were noted to include acupuncture, physical therapy, cervical epidural steroid injection block, and medications. The progress note dated 04/22/2014 revealed complaints of pain to the right shoulder, cervical/thoracic spine, and right eye. The physical examination revealed tenderness to palpation to the paravertebral muscles and a positive impingement sign. The progress note dated 06/19/2014 revealed complaints of pain to the lumbar/thoracic spine rated 4/10, bilateral shoulders 3/10, and the right eye rated 0/10. The physical examination revealed tenderness to palpation to the bilateral paravertebral muscles. The physical examination of the bilateral shoulders revealed positive impingement sign with full range of motion. The LINT progress note dated 07/09/2014 revealed the sixth LINT procedure had been performed and the injured worker reported 60% of relief in pain since the baseline evaluation. The acupuncture progress note dated 07/30/2014 revealed the medication regimen had remained the same. The injured worker complained of occasional pain, soreness, and stiffness. The physical examination revealed the injured worker's condition had improved and that the injured worker stated she was able to bend forward more and would start therapy on the bilateral shoulders. The request for authorization form dated 06/19/2014 was for 8 acupuncture sessions, orthopedic follow-up visit, general surgeon follow-up visit, localized intense neurostimulation therapy treatment. However, the provider's rationale was not submitted within the medical records. The request for authorization form dated 06/19/2014 was for Menthoderm gel 360 g, methyl salicylate

0.15/menthol 0.10 for daytime use, cyclobenzaprine 5 mg #90 for muscle relaxant, naproxen 550 mg #60 for inflammation, and Omeprazole 20 mg quantity 60 to protect the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has received previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used 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 guidelines state the frequency and duration of acupuncture with the time to produce functional improvement is 3 to 6 treatments, with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. The acupuncture treatments may be extended if functional improvement is documented. The acupuncture progress note noted the injured worker's medication intake had remained the same and she had complaints of occasional pain, soreness, and stiffness. The progress note revealed the injured worker had been able to bend forward more with previous treatment. However, there is a lack of quantifiable objective functional improvements as well as the number of previous sessions completed to warrant additional acupuncture therapy. As such, the request is not medically necessary.

Orthopedic follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker complains of neck, back, and bilateral shoulder pain. The CA MTUS Guidelines state patients with potentially work related low back complaints should have a follow-up every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modifications, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient does return to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. There is a lack of documentation regarding the injured worker seeing an orthopedist to warrant follow-up visits. There is a lack of documentation

regarding medication treatment or pending surgery to warrant a visit with an orthopedist. Therefore, the request is not medically necessary.

General Surgeon follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The injured worker complains of neck, back, and bilateral shoulder pain. The CA MTUS/ACOEM Guidelines state patients with potentially work related low back complaints should have a follow-up every 3 to 5 days by a mid-level practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modifications, and other concerns. Health practitioners should take care to answer questions and make these sessions interactive so that the patient is fully involved in his or her recovery. If the patient does return to work, these interactions may be conducted on site or by telephone to avoid interfering with modified or full work activities. There is a lack of documentation regarding previous treatment by a general surgeon to warrant a follow-up visit. There is a lack of documentation regarding pending surgery or medical necessity for a general surgeon visit. Therefore, the request is not medically necessary.

Localized intense neurostimulation therapy (LINT) treatment: 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 Official Disability Guidelines (ODG), Low Back, Hyperstimulation Analgesia.

Decision rationale: The injured worker has received 6 sessions of LINT therapy. The Official Disability Guidelines do not recommend hyper stimulation analgesia until there are higher quality studies. The initial results are promising, but only from 2 low quality studies sponsored by the manufacturer. Localized manual high intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings, thus causing the release of endogenous endorphins. This procedure, usually described as hyper stimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localized station of peripheral nerve endings responsible for low back pain or manual impedance, mapping of the back, and these limitations prevent their extensive utilization. The guidelines do not recommend hyper stimulation analgesia and the request failed to provide the body region to which the LINT is to be applied. Therefore, the request is not medically necessary.

Menthoderm gel 360 gm, methyl salicylate .15/ menthol .10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. There is a lack of documentation regarding improved functional status and efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Cyclobenzaprine 5 mg #90: 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 Muscle Relaxants Page(s): 63.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective functional improvement and efficacy. Therefore, the continued use of this medication would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen is a non-steroidal anti-inflammatory drug (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There is a lack of documentation regarding objective functional improvement and efficacy of this medication. The injured worker has been utilizing this medication for 6 months which exceeds guideline recommendations. Additionally, the request failed to provide the frequency which this medication is to be utilized. Therefore, the request is not medically necessary.

Omeprazole 20 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or using a high dose/multiple NSAIDs. There is a lack of documentation regarding improved functional status or efficacy of this medication. The previous request for an NSAID was deemed not medically necessary and therefore, Omeprazole is not medically necessary. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.