

Case Number:	CM14-0160301		
Date Assigned:	10/03/2014	Date of Injury:	03/09/2012
Decision Date:	12/11/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 45 year old male with an injury date on 03/09/2012. Based on the 08/22/2014 hand written progress report provided by [REDACTED], the diagnoses are: 1. S/P CHI with LOC with headaches 2. Cervical sprain and strain, spondy at C2-3, C3-4/3. Right shoulder 4. TMJ. According to this report, the patient complains of "neck pain, constant 3-4/10, radiate to right shoulder. Right shoulder pain and headaches is "unchanged." Physical exam reveals tenderness and spasms at sub-occipital muscle and cervical/thoracic paraspinal muscle, bilateral. The 08/11/2014 report indicates the patient take "Motrin twice a daily. This does cause gastritis and therefore she use Prilosac." There were no other significant findings noted on this report. The utilization review denied the request on 09/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/15/2013 to 08/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of interferential unit, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: According to the 08/22/2014 report by [REDACTED] this patient presents with "neck pain, constant 3-4/10, radiate to right shoulder."The treating physician is requesting purchase of interferential unit, Qty: 1. The MTUS Guidelines page 118 to 120 states that interferential current stimulation is not recommended as an isolated intervention. MTUS also recommends trying the unit for one-month before a home unit is provided if indicated. Indications are pain ineffectively controlled with medication; history of substance abuse; post-operative use; unresponsive to conservative measures. Review of reports show the patient had "interferential/electrical stimulation during physical therapy" and finds it helpful. However, in this case, the patient does not present with a specific indication for IF unit and has not trialed the unit for a month to determine effectiveness. The request is not medically necessary and appropriate.

Ibuprofen 800 mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67, 68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications , non-steroidal anti-inflammatory dr.

Decision rationale: According to the 08/22/2014 report by [REDACTED] this patient presents with "neck pain, constant 3-4/10, radiate to right shoulder."The treating physician is requesting Ibuprofen 800mg #60 with 5 refills. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted."Review of reports show the patient has been prescribed Ibuprofen since 04/15/2013 and it is unknown exactly when the patient initially started taking this medication. The report indicates the medication "Helped."The request Ibuprofen appears reasonable and consistent with MTUS guidelines. The request is medically necessary and appropriate.

Prilosec 20 mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 08/22/2014 report by [REDACTED] this patient presents with "neck pain, constant 3-4/10, radiate to right shoulder."The treating physician is requesting Prilosec 20 mg #60 with 5 refills and this medication was first prescribed on 08/11/14 report. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of

the reports show that the patient is taking Ibuprofen and has gastrointestinal side effects with medication use. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The request is not medically necessary and appropriate.

Naproxen cream 240 g #1 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111-113.

Decision rationale: According to the 08/22/2014 report by [REDACTED] this patient presents with "neck pain, constant 3-4/10, radiate to right shoulder."The treating physician is requesting Naproxen cream 240 g # 1 with 5 refills. Regarding topical NSAIDS, MTUS guidelines recommends for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." In this case, the patient does not meet the indication for a topical NSAID as the patient does not present with peripheral joint arthritis/tendinitis problems. The request is not medically necessary and appropriate.