

Case Number:	CM14-0164129		
Date Assigned:	10/08/2014	Date of Injury:	09/28/2010
Decision Date:	11/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 36 year old female who was injured on 9/28/2010. The worker was diagnosed with cervical spine disc rupture, right ulnar neuropathy, probable right double crush syndrome, left wrist internal derangement, and right wrist strain. She was treated with physical therapy, medications, massage, acupuncture, and work restrictions. On 9/2/2014, the worker was seen by her treating provider complaining of her neck, right elbow, right and left hands and wrists, but without any numbness or tingling or new pains since last appointment. She reported not working at the time and not being interested in cervical spine surgery. Physical examination revealed normal sensation of upper extremities. The worker was then recommended to see the pain medicine specialist, to see the orthopedist, to do shockwave therapy on the neck, complete acupuncture, and continue her then current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The worker in this case was recommended ibuprofen at the same time as the Prilosec, however, no medical history from the documents provided for review suggested that the worker was at intermediate or high risk for gastrointestinal events to warrant using Prilosec daily. Also, there was no number of pills included in the request. Therefore, the Prilosec is not medically necessary.

Ibuprofen 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she was recommended to take Ibuprofen. There was no evidence to suggest the worker was experiencing an acute exacerbation of her pain that might have warranted a short course of Ibuprofen. There was no evidence that this medication was contributing to functional improvement. Also, there was no number of pills included in the request. Therefore, chronic use of ibuprofen such as in this case is not recommended or medically necessary.

Extracorporeal shockwave therapy (cervical): 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), Shoulder section, ESWT, and Foot and Ankle section, ESWT

Decision rationale: The MTUS Guidelines do not address extracorporeal shock wave therapy (ESWT) specifically as a treatment option for cervical complaints. The ODG, however, addresses it and states that it may be recommended only for calcifying tendinitis of the shoulder, plantar fasciitis, and long-bone hypertrophic nonunion. Many other potential indications are being studied, but are still not recommended. Use of ESWT on the cervical spine in this case is not recommended or medically necessary.

Acupuncture sessions (cervical, bilateral wrists): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. The worker in this case had completed acupuncture, but there is no record provided in the notes available for review that state how many sessions she completed or how effective they were at improving her overall function. Therefore, the acupuncture is not medically necessary.

Follow-up evaluation with a pain medicine specialist (chronic pain): 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), ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 81, 124. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127

Decision rationale: Specialist consultation may be recommended in settings where there is a complex case, a need for expert treatment modalities not performed with the primary provider, or when needing help with diagnosing or assessing prognosis. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, there was not sufficient information submitted that explained for what purpose the repeat visit(s) was with the pain specialist. There was no record indicating a confusion with diagnostics or prognosis, and there was no evidence of the worker receiving injections or opioids. Therefore, the pain specialist follow-up is not medically necessary, based on the documents provided for review.

Follow-up evaluation with an orthopedist (bilateral wrists): 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), ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7, page 127

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was insufficient information provided that helped explain for what purpose the repeat visit(s) was with another orthopedic surgeon. There was no evidence of a recent surgery or future surgery, and no indication that the primary provider needed more help with diagnosing or assessing prognosis which another orthopedist was needed. Therefore, the follow-up visit with the orthopedist is not medically necessary based on the documents provided for review.