

Case Number:	CM14-0181601		
Date Assigned:	11/06/2014	Date of Injury:	06/21/2010
Decision Date:	12/12/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	10/31/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED], employee who has filed a claim for chronic neck, shoulder, and upper extremity pain reportedly associated with an industrial injury of June 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical laminectomy surgery; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a utilization review report dated October 31, 2014, the claims administrator partially approved a request for Mobic, gabapentin, x-rays of the cervical spine, and two sessions of physical therapy while denying 2 refills of Mobic, 2 refills of gabapentin, and 2 additional sessions of physical therapy. The applicant's attorney subsequently appealed. In an October 22, 2014, progress note, the applicant reported ongoing complaints of progressive worsening neck pain, bilateral upper extremity pain, and headaches. The applicant had received multiple interventional spine procedures involving the cervical spine and right shoulder corticosteroid injection, it was acknowledged. The applicant reported pain ranging from 3/10 to 7/10. The applicant's medications included Wellbutrin, Mobic, albuterol, Klonopin, Levoxyl, Zocor, Neurontin, Desyrel, Norco, and Topamax, it was acknowledged. The applicant's past medical history is notable for hypothyroidism, depression, obesity, asthma, dyslipidemia, menopause, lower extremity neuropathy, osteoarthritis, knee pain, and shoulder pain. The applicant is status post knee surgery in 2006, cervical fusion surgery in 2011, hysterectomy in 2012, and a bladder suspension in 2012. The applicant was not working, it was acknowledged, was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation Indemnity benefits, it was acknowledged. The applicant apparently demonstrated some frustration. Neurontin and Mobic were refilled. The applicant was obese, with a BMI of 33, it was noted. The attending provider stated that the applicant's medications were helping, but did not elaborate

or expound upon the same. It was noted that the applicant was having difficulty moving her neck about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 15mg #30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meloxicam (Mobic)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic, Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Mobic do represent the traditional first-line treatment for various chronic pain conditions, including the chronic neck and shoulder pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvements in various milestones in the treatment program in order to justify continuing treatment. The applicant is off of work. The applicant is receiving both Workers' Compensation Indemnity and Social Security Disability Insurance (SSDI) benefits. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Mobic has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Mobic. Therefore, the request is not medically necessary.

Gabapentin 600mg #90 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with ongoing gabapentin usage. Here, however, the applicant is off of work. The applicant is receiving both Workers' Compensation Indemnity and Social Security Disability Insurance (SSDI) benefits. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. Ongoing gabapentin usage has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack

of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request is not medically necessary.

Physical Therapy to the Cervical Spine x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic, Functional Restoration Approach to Chronic Pain Management Section Page.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continuing treatment. Here, however, the applicant has failed to profit from earlier physical therapy in unspecified amounts over the course of the claim. The applicant is off of work. The applicant is receiving both Workers' Compensation Indemnity and Social Security Disability Insurance (SSDI) benefits. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional Physical Therapy is not medically necessary.