

Case Number:	CM14-0024519		
Date Assigned:	06/11/2014	Date of Injury:	10/07/2005
Decision Date:	07/24/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurology and is licensed to practice in Texas, New Mexico, Florida, Connecticut, Oklahoma, and Illinois. 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 3 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 49 year old male who sustained an injury on 10/07/05 when he fell. The height of the fall was approximately 14 feet. The injured worker sustained a closed head injury with associated dizziness. It appeared that the injured worker sustained fractures of the fifth and ninth ribs due to the fall. The injured worker had been followed for complaints of right shoulder pain and previously received injections with temporary benefits. The injured worker was seen for cognitive behavioral therapy in 2013. Prescribed medications included clonidine, Cymbalta, Dexilant, and hydrochlorothiazide (HCTZ). The right shoulder pain symptoms were being followed by [REDACTED]. Prescribed medications through [REDACTED] included Cymbalta, ThermaCare, patches, HCTZ, Norco, and Dexilant. The injured worker also received promethazine, Celebrex, clonidine, and nitroglycerine. The clinical record on 11/14/13 by [REDACTED] noted the injured worker was progressively becoming worse as he was not receiving his prescribed medications. With medications the injured worker reported about 20% relief of symptoms. The injured worker continued to report severe 8-9/10 pain in the right shoulder and right side of the ribs and at the low back. Physical examination noted limited range of motion in the right shoulder secondary to pain. PHQ-9 score was 18 indicating moderate major depression. The injured worker was continually recommended for further psychological counseling. There was also recommendation for EEG at this visit. A follow up on 01/02/14 noted no change in symptoms regarding the right shoulder ribs or low back. Physical examination findings remained unchanged. There was noted elevated blood pressure at 143/104. The injured worker was recommended to continue with his currently prescribed medications. Further psychological counseling was recommended. The requested EEG was certified on 01/14/14. A Follow up visit on 01/16/14 noted no change in symptoms or physical examination findings. Medications were continued at this visit. Another follow up visit on 02/20/14 again noted no change in right

shoulder ribs or low back symptoms. Medications continued to be unchanged. PHQ9 scores still indicated severe major depression. As of 04/15/14 the injured worker continued to have complaints of pain at the right shoulder 8-9/10 on the visual analog scale. Medication regimen had not changed. There was recommendation for right shoulder arthroplasty to address his chronic right shoulder symptoms. The last psychological counseling sessions was in 01/14. There was no indication that the injured worker underwent previously approved EEG. The requested prescription of ThermaCare patches #30, prescription of Dexilant 60mg #30, and EEG were denied by utilization review on 01/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF THERMACARE PATCHES #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 16.

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

Decision rationale: In regards to the request for thermacare patches, quantity 30, this reviewer would not have recommended this topical heat wrap therapy system as medically necessary. ThermaCare heat wraps are commercially available over the counter heat wraps that are utilized in the treatment of musculoskeletal pain. The clinical literature has found limited evidence regarding the efficacy of ThermaCare wraps in the treatment of musculoskeletal pain. It is unclear why the injured worker is being actively prescribed a commercially available over the counter heat therapy system. The clinical documentation also does not specify what functional benefits were obtained with the continuing use of ThermaCare patches to support their ongoing use. Therefore this reviewer states that the request is not medically necessary.

1 PRESCRIPTION OF DEXILANT 60MG #30: Upheld

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

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, proton pump inhibitors.

Decision rationale: In regards to the request for Dexilant 60mg quantity 30, this medication is recommended to address symptoms secondary to heartburn and gastroesophageal reflux disease and esophagitis. The clinical documentation submitted for review did not clearly identify any specific side effects from oral medication use that would support the use of Dexilant. The injured worker was reported to have medication induced gastritis and severe stress reaction placing the injured worker at risk for gastrointestinal bleed. There was no other indication of an

active diagnosis of gastroesophageal reflux disease or any evidence of specific medication side effects that would support the use of this medication per guideline recommendations. Therefore this reviewer states that the request is not medically necessary.

1 EEG: Upheld

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

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

Decision rationale: In regards to the request for an EEG study, the clinical documentation submitted for review did not identify any changes in neurocognitive function that would have supported EEG. Although it is noted that a separate utilization review certified EEG for authorization, the clinical documentation itself did not identify any changes in neurological status or ongoing symptoms consistent with post-concussion syndrome that would have supported updated EEG as of 04/14. At this time it is unclear how further EEG would help plan treatment for this injured worker for a near 10 year old injury. Therefore this reviewer states that the request is not medically necessary.